

Manning Regional Healthcare Center

Employment Application Form

Name _____ Home Phone (____) _____
First Middle Last Area Number

Cell Phone (____) _____
Area Number

Email _____ Are you at least 18 years of age? Yes No

Present Address _____
Street City State Zip

Have you ever been excluded from providing patient care to those receiving Medicare or other federally funded healthcare programs?
 Yes No If yes, please explain _____

Do you have a record of founded child or dependent adult abuse? Yes No If yes, please explain _____

Have you ever been convicted of a crime in this state or any other state? Yes No If yes, please explain _____

JOB INTERESTS

Position desired _____ Date available _____

Alternate choice _____ Full-time Part-time PRN

If part-time, how many hours per week? _____

Please circle the days you are willing to work S M T W T F S

What shifts can you work? Days Evenings Nights Holidays

What is your expected starting salary? _____

Have you ever been employed by this organization before? Yes No If yes, when? _____

If hired, can you submit verification of your legal right to work in the U.S.? Yes No If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986.

EDUCATIONAL RECORD

School	Name and Address of School	Course of Study	(Optional) Years Attended From To	Circle Last Year Completed	Did you graduate?	Degree/Diploma
College				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nursing School				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational or Technical School				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Academic honors or special recognition _____

Have you ever served as a volunteer? Yes No If yes, please explain where and when you volunteered, what skills you used and what job you performed _____

Are you presently employed? Yes No

Present or most recent Employer	Name of Employer		Address Street City		Telephone Number () -
	Your Position		Last Supervisor	Starting Salary	Final Salary
	Description of Work Performed				
	Reason for Leaving				
	May we contact this employer? Yes No				
From: _____ Mo. Yr.					
To: _____ Mo. Yr.					
Present or most recent Employer	Name of Employer		Address Street City		Telephone Number () -
	Your Position		Last Supervisor	Starting Salary	Final Salary
	Description of Work Performed				
	Reason for Leaving				
	May we contact this employer? Yes No				
From: _____ Mo. Yr.					
To: _____ Mo. Yr.					
Present or most recent Employer	Name of Employer		Address Street City		Telephone Number () -
	Your Position		Last Supervisor	Starting Salary	Final Salary
	Description of Work Performed				
	Reason for Leaving				
	May we contact this employer? Yes No				
From: _____ Mo. Yr.					
To: _____ Mo. Yr.					
Present or most recent Employer	Name of Employer		Address Street City		Telephone Number () -
	Your Position		Last Supervisor	Starting Salary	Final Salary
	Description of Work Performed				
	Reason for Leaving				
	May we contact this employer? Yes No				
From: _____ Mo. Yr.					
To: _____ Mo. Yr.					

ADDITIONAL INFORMATION

If applicable, list all professional licensure information that you consider relevant to the job:

Profession _____ State Issued _____ Number _____ Expiration Date _____

Profession _____ State Issued _____ Number _____ Expiration Date _____

If applicable, list all professional registration/certification information that you consider relevant to the job:

Organization/Profession _____ Number _____ Expiration Date _____

Organization/Profession _____ Number _____ Expiration Date _____

If applicable, please list any other professional credentials that you feel would relate to the position(s) for which you are applying (i.e., ACLS, BCLS, CRP): _____

Please list any technical skills or knowledge you possess which are related to the position(s) for which you are applying (i.e. equipment, software, medical terminology): _____

If applicable, present level of typing _____ w.p.m.

Please state any additional information you believe would be important in considering your application. _____

PROFESSIONAL REFERENCES

Give name(s) of person(s) we may contact to verify your qualifications for the position		
Name	Occupation	Organization
Relationship	Telephone Number Email	Address
Name	Occupation	Organization
Relationship	Telephone Number Email	Address
Name	Occupation	Organization
Relationship	Telephone Number Email	Address

PLEASE READ AND SIGN

To the best of my knowledge, all of the information I have submitted on the application is true and complete. I understand that any omission or falsification of information will be sufficient cause for disqualification from further consideration for employment or for dismissal.

I voluntarily give this organization the right to make a thorough investigation of my personal or past employment history and education, agree to cooperate in such investigation, and authorize any former employer, person, firm, or corporation to give this organization any information they may have regarding me. In consideration of this organization’s review of this application, I release this organization and all providers of information from any liability as a result of furnishing and receiving this information. I understand that any offers of employment are contingent on successful completion of the post-offer exam and background checks.

I understand employment at this organization is “at will”, which means employment may be terminated by the employee or by this organization at any time, with or without cause. I further understand employee benefits, terms and conditions of employment and the policies, procedures and work rules of the organization may be determined, changed and modified from time to time by this organization without limitation or agreement. I also understand any employment handbooks or manuals that may be distributed to me by this organization shall not be construed as a contract.

I hereby agree that if I become employed by this organization I consent to the release of all my future educational records involving classes, coursework, seminars and all other educational programs in which I am enrolled or attend and for which a portion or all of the enrollment fee or tuition will be paid by this organization.

Date: _____ Applicant’s Signature: _____