

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Applicant Name (First, Middle, Last)		Date	Routing (Internal Use)	
Present Address (Include City, State, Zip)		Phone	Type of Position <input type="checkbox"/> Per Diem/Pool/Flex <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Night <input type="checkbox"/> Rotation
Previous Address (Include City, State, Zip)		Salary Requirement		
Current Open Position(s) for Which You are Applying		Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You At Least 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available for Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Professional License(s) Registrations or Certifications	Have you ever worked for Fishermen's Community Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in what department?	Are you related to an employee of Fishermen's Community Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type State-issued Expiration Date Number _____ _____ _____ _____	Have you been convicted of a crime and /or released from confinement following a conviction for any criminal offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date(s), location(s) and nature of each such conviction. Conviction of a crime will not necessarily be a bar to employment.		Are you able to perform the essential job related functions of the position for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Are you currently excluded from participation in any federally funded healthcare program – including Medicare and Medicaid – and are you aware of any potential exclusion from a federally funded health program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Educational History

Type of School	Name and Address of School	Circle Last Year Attended	Degree/Concentration
High School / GED		1 2 3 4 Did you Graduate?	
College		1 2 3 4 Did you Graduate?	
Graduate School		1 2 3 4 Did you Graduate?	
Doctorate		1 2 3 4 Did you Graduate?	
Trade, Business or Correspondence School		1 2 3 4 Did you Graduate?	

Professional References (Other than Relatives)

Name	Relationship	Address	Phone – Work/Home/Cell	Number of Years Known

Employment History: Please provide a minimum of the most recent 10 years of employment history including any period of unemployment. Attach additional pages if needed.



From Mo. / Yr.	To Mo. / Yr.	Company	Phone No. ()	Immediate Supervisor
Salary \$	Address (Include City, State, Zip)		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your name while employed:
Your Job Title		Other reference with this employer	Reason for Leaving	
Nature of Duties				
From Mo. / Yr.	To Mo. / Yr.	Company	Phone No. ()	Immediate Supervisor
Salary \$	Address (Include City, State, Zip)		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your name while employed:
Your Job Title		Other reference with this employer	Reason for Leaving	
Nature of Duties				
From Mo. / Yr.	To Mo. / Yr.	Company	Phone No. ()	Immediate Supervisor
Salary \$	Address (Include City, State, Zip)		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your name while employed:
Your Job Title		Other reference with this employer	Reason for Leaving	
Nature of Duties				
Please Review and Sign Where Indicated. In making application for employment: I certified that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.		I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A NONBINDING STATEMENT OF FACILITY POLICIES.		I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.
I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.		I understand that the facility reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination of my employment.		
		Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.		
Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be lawfully provided, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.				
I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application for employment, or termination of employment with the employer exclusively by final and binding arbitration before a neutral Arbitrator and in accordance with the rules and procedures for employment disputes adopted by the employer. Such claims shall include those that could be brought in a court of law under any applicable federal, state or local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Family & Medical Leave Act, Fair Labor Standards Act (FLSA), the Employee Retirement Income Security Act (ERISA), the Uniformed Services Employment and Reemployment Rights Act (USERRA), the new Americans With Disabilities Act, and state civil rights acts, the law of contract and the law of tort. Fishermen's Community Hospital participates in E-Verify.				
I have read and understand these conditions of employment.		Applicant Signature		Date Prepared & Signed