

This hospital offers Equal Employment Opportunities to all persons without regard to race, religion, age, sex, color, national origin, handicap or disability. No question on this application, is intended to secure information to be used for such discrimination. The use of this form does not mean there are positions open and does not obligate us in any way. Your employment application is held for 3 MONTHS. You must reapply if you wish to be considered for employment beyond this period of time.

Mailing Address: James B. Haggin Memorial  
 464 Linden Avenue  
 Harrodsburg, KY 40330

## APPLICATION FOR EMPLOYMENT

### PERSONAL DATA

Name Last	First	Middle	Social Security	Today's Date
Present Address	From Years to Present	Telephone Home: _____ Business: _____		
City	State	Zip Code	Referred By: (Name) Employee _____	
Former Address	From Years to	Newspaper _____		
City	State	Zip Code	Agency _____	
Have you ever been in our employ: <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving	
Dates: From _____ To _____ Position _____ Supervisor _____				
Relatives employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, Name _____ Relationship _____ Department _____				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain _____				
If not a citizen of the United States, do you have the right to remain and work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Alien Registration Number (Visa #)		Expiration Date	Type of Card	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, employment is subject to verification that you are of minimum legal age.				

### EMPLOYMENT INFORMATION

Position applying for:	
Other types of work you would consider:	Salary desired?
Shift Desired?	Will you work other than shift indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other If part time, specify days and hours:	
Indicate hours and days you are not available or prefer not to work:	
Are you available to work Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> NO	Date Available

## EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER and follow with former places of employment including military experience, temporary, and all other employment. Complete all information, even if a resume is attached.

Employer		Dates Employed From To	Salary Starting Ending
Address			
Job Title	Employee Phone No.	Summarize nature of the work performed and job responsibilities	
Name and title of supervisor			
Reason for leaving			
Employer		Dates Employed From To	Salary Starting Ending
Address			
Job Title	Employee Phone No.	Summarize nature of the work performed and job responsibilities	
Name and title of supervisor			
Reason for leaving			
Employer		Dates Employed From To	Salary Starting Ending
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Employer		Dates Employed From To	Salary Starting Ending
Address			
Job Title	Employee Phone No.	Summarize nature of the work performed and job responsibilities	
Name and title of supervisor			
Reason for leaving			
For reference purpose, have you ever worked under another name? If so, indicate name & company.			
May we contact employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
Explain any periods of unemployment in the past 5 years:			
Have you ever been terminated involuntarily from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			

<p><b>SKILLS CHECKLIST</b></p> <p>Computer Software _____</p> <p>Typing Speed _____ WPM</p> <p>Check If you have any training with the following:</p> <p><input type="checkbox"/> Transcription <input type="checkbox"/> Word Processor</p> <p><input type="checkbox"/> Dictaphone <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Medical Terminology _____</p> <p><input type="checkbox"/> CRT _____</p> <p><input type="checkbox"/> Calculator _____</p>	<p><b>NURSING APPLICANTS</b> Please list number of years experience in each area:</p> <table> <tr> <td>yrs. _____ Medical</td> <td>yrs. _____ Psychiatry</td> </tr> <tr> <td>yrs. _____ Surgical</td> <td>yrs. _____ Labor &amp; Delivery</td> </tr> <tr> <td>yrs. _____ Orthopedic</td> <td>yrs. _____ Nursery</td> </tr> <tr> <td>yrs. _____ Pediatric</td> <td>yrs. _____ Pediatric ICU</td> </tr> <tr> <td>yrs. _____ Operating Room</td> <td>yrs. _____ Emergency</td> </tr> <tr> <td>yrs. _____ Transitional Care</td> <td>yrs. _____ Neonatal ICU</td> </tr> <tr> <td>yrs. _____ Critical Care</td> <td>yrs. _____ Other</td> </tr> <tr> <td>yrs. _____ Recovery Room</td> <td>yrs. _____</td> </tr> </table>	yrs. _____ Medical	yrs. _____ Psychiatry	yrs. _____ Surgical	yrs. _____ Labor & Delivery	yrs. _____ Orthopedic	yrs. _____ Nursery	yrs. _____ Pediatric	yrs. _____ Pediatric ICU	yrs. _____ Operating Room	yrs. _____ Emergency	yrs. _____ Transitional Care	yrs. _____ Neonatal ICU	yrs. _____ Critical Care	yrs. _____ Other	yrs. _____ Recovery Room	yrs. _____
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yrs. _____ Operating Room	yrs. _____ Emergency																
yrs. _____ Transitional Care	yrs. _____ Neonatal ICU																
yrs. _____ Critical Care	yrs. _____ Other																
yrs. _____ Recovery Room	yrs. _____																

### ADDITIONAL INFORMATION

Are there any other experiences or skills that may qualify you for employment?

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### EDUCATION BACKGROUND

School	Name-Address-City-State	Circle Last Year Completed	Mo./Yr Graduated	Degree	Major or Course of Study
Grade		1 2 3 4 5 6 7 8			
High School		9 10 11 12 GED <input type="checkbox"/>			
College		1 2 3 4			
Graduate		1 2 3 4			
Business College or Vocational School		1 2 3 4			

### ACTIVITIES AND ACHIEVEMENTS

(You may exclude those which indicate race, color, religion, sex, marital status, age, disability or national origin.)

Honors, awards, and fellowships received \_\_\_\_\_

Professional and technical associations \_\_\_\_\_

### PROFESSIONAL REGISTRATION AND/OR LICENSURE

Do you possess any kind of professional license, certificate, or registration (excluding driver's license)  Yes  No

Type	State	Issuing Authority	License No.	Expiration Date	Verified By

If not licensed in \_\_\_\_\_, Have you applied for \_\_\_\_\_ license?  Yes  No

Has your license ever been suspended, revoked or terminated?  Yes  No

If yes, please provide explanation and dates: \_\_\_\_\_

### PROFESSIONAL REFERENCE

Name/Occupation	Address	Phone Number
1.		Home
		Business
2.		Home
		Business

**STATEMENT**

As required by Public Law 91-508, you are hereby advised that in making this application for employment it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as past employers or business associates. This inquiry includes information as to your character and general work reputation which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of the information.

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I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or administrator of this organization.

I agree to submit to a health assessment including drug testing as a condition precedent to my employment, and I understand that, should I refuse to submit to this assessment, the conditional offer of employment may be revoked. I acknowledge that this health assessment is not a substitute for a comprehensive examination by a private physician.

I understand that, if employed, I will be an employee at will.

I hereby certify that the facts in the above employment application are true and complete to the best of my knowledge. I understand that all information on this application may be checked for its accuracy.

I hereby authorize this hospital to request employment information relating to the statement above.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Hired <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you consider for future openings <input type="checkbox"/> Yes <input type="checkbox"/> No		
References Checked	1. Initial/Date	2. Initial/Date	3. Initial/Date	4. Initial/Date
If applicant is less than 18 years of age is proof of age on file? <input type="checkbox"/> Yes <input type="checkbox"/> No				Human Resources Interviewer
Starting Date	Date for Hosp. Orient.	Exempt <input type="checkbox"/>	Non-Exempt <input type="checkbox"/>	Department Interview
Department	Education Cost Center	Working Cost Center		Job Offer Made By
Job Title	Unit			Salary Reviewed By
Starting Salary	Grade	Differential	Shift	Employee Number
In Case of Emergency	Name	Relationship	Address	Telephone