



APPLICATION FOR EMPLOYMENT

Date of Application _____

Grove Hill Memorial Hospital is an equal opportunity employer and does not discriminate on the basis of race, creed, color, sex, age, religion, national origin or qualified disability. Equal access to programs, services and facilities is available to all persons.

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Social Security Number _____

Driver's License Number _____ in the State of _____

Have you ever been employed by Grove Hill Memorial Hospital before? No Yes If Yes, indicate last year of your previous employment _____

Enter the name you were using during the previous employment if different from the above _____

Position(s) applied for _____

Are you legally eligible for employment in this country? No Yes date you are available for work _____

Type of employment desired: Full-Time Part-Time PRN _____

Have you been convicted of a crime in the last seven (7) years? No Yes If Yes, Please explain. _____

Conviction will not necessarily be a bar to employment. Each instance will be considered in relation to the position for which you are applying.

EDUCATIONAL BACKGROUND

Name & Location	Grade Completed				Did you graduate?	Degree	Major
	9	10	11	12			
High School							
College							
Other							

EMPLOYMENT HISTORY

Begin with your current or last employer and provide the requested information for every employer for whom you have worked.

Employer: _____ Employer's Telephone # _____

Employer's Address: _____

I worked from _____ to _____ Hourly rate/Salary when starting was \$ _____ per _____ ; Final was \$ _____ per _____

Reason(s) for leaving (Must be completed) _____

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REFERENCES (Do not include relatives, former employers or supervisors)

Name: _____ Address: _____ Phone: _____ Occupation: _____

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IMPORTANT: Read This Carefully Before Signing and Dating Application.

I declare that all the above statements are true to the best of my knowledge, and any misrepresentations will be cause for my rejection or dismissal. I understand that this application is not an offer of employment and that by accepting my application, Grove Hill Memorial Hospital (GHMH) does not guarantee that I will be offered a job. I also understand that if I am offered and accept a job, GHMH reserves and retains the right to make such changes in the terms and conditions of my employment as GHMH determines to be necessary and appropriate.

I understand that the first three(3) months of employment will be considered a period of appraisal and that during this time my employment and compensation may be terminated with or without cause and with or without notice at any time, in the option of GHMH or myself. I understand and agree that my future employment is not for any guaranteed length of time and both GHMH and I have the freedom to terminate the employment relationship whenever either chooses to do so. I agree to give a minimum of fourteen (14) days notice before terminating my employment. I understand that no one has the authority to make other agreements.

I agree that I must provide any and/or all of the following items before can begin employment: Social Security card, driver's license, military identification, nursing or other professional licenses, Food Handler's permit or other documents as requested.

I agree to submit to a post-offer health assessment and understand that a urine drug test screening will be included as part of the assessment. I understand that my employment is contingent up on successful completion of the post-offer health assessment. If employed, I may be tested for drugs during my employment. I understand that an employee may be terminated if he/she does not pass the urine drug screening test.

I authorize GHMH to obtain information on my previous employment, educational background, references and other information as deemed necessary to determine my suitability for employment and I hereby release my former employers or persons named herein from any liability on the information they may give.

In consideration of my potential employment, I agree to conform to the rules of GHMH.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature

Date

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