



APPLICATION FOR EMPLOYMENT

Highland Hospital companies are equal opportunity employers and do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL INFORMATION

DATE OF APPLICATION: ____ / ____ / ____

Name:

Last

First

MI

Social Security No. ____ - ____ - ____

Are you over 18 years of age? Yes No

Address:

Street

City

State

Zip

Contact Information:

()

()

Home Telephone

Cellular

Email

Position Sought: _____

Available Start Date: _____

Employment desired: ____ Full-Time ____ Part-Time ____ Per Diem (As Needed)

Are you willing to work: ____ Day Shift ____ Evening Shift ____ Night Shift ____ Weekends ____ Rotating Shifts

Have you previously been employed by Highland Hospital or its affiliates? Yes No - If yes, when? _____

Are you legally eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever been convicted of a crime? Yes No

Are there currently any arrests or criminal accusations pending against you? Yes No

EDUCATION:

Please list all education

	Name and Location	Graduate? – Degree?	Major / Course of Study
High School			
College or University			
Specialized Training, Trade School, etc...			

PROFESSIONAL LICENSE OR MEMBERSHIP:

Please list information for all professional licenses you hold

Type of License Held	State of Licensure	License Number	License Expiration Date

PREVIOUS EXPERIENCE: Please list all past employment beginning with your current or most recent position

Employer:	Employed		Duties Performed
Address:	From	To	
Phone Number:	Rate of Pay/Salary		
Job Title:	Start	Final	
Supervisor:			

Reason for leaving: _____ **May we contact for reference? Yes No**

Employer:	Employed		Duties Performed
Address:	From	To	
Phone Number:	Rate of Pay/Salary		
Job Title:	Start	Final	
Supervisor:			

Reason for leaving: _____ **May we contact for reference? Yes No**

Employer:	Employed		Duties Performed
Address:	From	To	
Phone Number:	Rate of Pay/Salary		
Job Title:	Start	Final	
Supervisor:			

Reason for leaving: _____ **May we contact for reference? Yes No**

Employer:	Employed		Duties Performed
Address:	From	To	
Phone Number:	Rate of Pay/Salary		
Job Title:	Start	Final	
Supervisor:			

Reason for leaving: _____ **May we contact for reference? Yes No**

REFERENCES Please list the names, addresses and phone numbers of 3 professional references.

Name	Address	Phone Number	Relationship

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements and references contained in this application for employment as may be necessary in arriving at an employment decision. If hired, continued employment will be conditioned upon my participation in and successful clearance of security investigations which may include drug screening/testing, and criminal background investigations. I agree to fully participate in and cooperate with such testing.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant's Signature

Date