

# Gibson General

H O S P I T A L

## Employment Application

In recognition of our responsibility to provide a safe and healthful work environment for all of our employees, and in an effort to continue the provision of quality health care services, the undersigned understands that offers of employment made to job applicants at Gibson General Hospital are contingent upon several factors, one of which is passing a drug and alcohol screening test.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_



Person to be notified in case of accident or emergency:

Name and Relationship: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address: \_\_\_\_\_

<b>EDUCATIONAL BACKGROUND</b>				
TYPE OF SCHOOL	NAME AND ADDRESS	# YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
Grade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS</b>			
Type	State	Date	Number

### **REFERENCES**

Give names of persons, excluding employers or relatives, that we may contact to verify your qualifications for the position.

Name/Occupation	Address	Phone number
1.		
2.		
3.		

## PRIOR WORK HISTORY

List in order last or present employer first (and include Military service). If additional space is desired, please use a separate sheet of paper and attach to this application.

<u>Dates (M/D/Y)</u>		Employer's Name, Address, & Phone No.	<u>Rate of Pay</u>		Supervisor's Name and Title
From	To		Start	Finish	
					Name
					Title
		Phone No.			
Position Title:					
Summary of work you did:					
Reason for leaving:					
<u>Dates (M/D/Y)</u>		Employer's Name, Address, & Phone No.	<u>Rate of Pay</u>		Supervisor's Name and Title
From	To		Start	Finish	
					Name
					Title
		Phone No.			
Position Title:					
Summary of work you did:					
Reason for leaving:					
<u>Dates (M/D/Y)</u>		Employer's Name, Address, & Phone No.	<u>Rate of Pay</u>		Supervisor's Name and Title
From	To		Start	Finish	
					Name
					Title
		Phone No.			
Position Title:					
Summary of work you did:					
Reason for leaving:					

<u>Dates (M/D/Y)</u> From                      To		Employer's Name, Address, & Phone No.	<u>Rate of Pay</u> Start                      Finish		Supervisor's Name and Title		
							Name
							Title
			Phone No.				

Position Title:

Summary of work you did:

Reason for leaving:

<u>Dates (M/D/Y)</u> From                      To		Employer's Name, Address, & Phone No.	<u>Rate of Pay</u> Start                      Finish		Supervisor's Name and Title		
							Name
							Title
			Phone No.				

Position Title:

Summary of work you did:

Reason for leaving:

<u>Dates (M/D/Y)</u> From                      To		Employer's Name, Address, & Phone No.	<u>Rate of Pay</u> Start                      Finish		Supervisor's Name and Title		
							Name
							Title
			Phone No.				

Position Title:

Summary of work you did:

Reason for leaving:

May we contact your present employer for a reference?     Yes     No

Should we be aware of any other name you have used, to check your employment or educational history?  
 Yes     No    If yes, please indicate: \_\_\_\_\_

**PLEASE READ CAREFULLY**  
**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby authorize Gibson General Hospital to thoroughly investigate my background, references, employment record, and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Gibson General Hospital to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers, and other entities from any and all claims for providing such information.

I certify that the information I have furnished on this application form is true and complete. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal regardless of when the misrepresentation or omission is discovered. I understand that filling out this form does not indicate there is a position open and does not obligate Gibson General Hospital to hire me. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand and agree that my employment is at will, which means that my employment may be terminated for any reason by me or Gibson General Hospital at any time without prior notice.

Gibson General Hospital prohibits sexual or other harassment in the workplace or while conducting business for Gibson General Hospital regardless of the location. If hired, I understand that **I am required to immediately inform Gibson General Hospital** if I am either subject to or observe sexual harassment or other harassment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_