



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Date Available: _____ Social Security Number: _____ Desired Salary: \$ _____

Position Applying for: _____ Full-time Part-time Temporary

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

Have you ever worked for Capital Area Health Network? Yes No If yes, when? _____

Do you have any friends or relatives working for Capital Area Health Network? Yes No

If yes, please list their names and relationship: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Note: A conviction will not necessarily disqualify you from employment.

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate: Yes No Diploma: _____

College or University: _____ Address: _____

From: _____ To: _____ Did you graduate: Yes No Degree: _____

Graduate or Professional: _____ Address: _____

From: _____ To: _____ Did you graduate: Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate: Yes No Degree: _____

EMPLOYMENT HISTORY

Employer Name: _____

Dates of Employment: From: _____ To: _____ Phone: _____

Address: _____ Supervisor: _____

Position Title: _____ Number Supervised: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Hours per Week: _____

Duties: _____

May we contact this employer as a reference? Yes No Reason for Leaving: _____

Employer Name: _____

Dates of Employment: From: _____ To: _____ Phone: _____

Address: _____ Supervisor: _____

Position Title: _____ Number Supervised: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Hours per Week: _____

Duties: _____

May we contact this employer as a reference? Yes No Reason for Leaving: _____

Employer Name: _____

Dates of Employment: From: _____ To: _____ Phone: _____

Address: _____ Supervisor: _____

Position Title: _____ Number Supervised: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Hours per Week: _____

Duties: _____

May we contact this employer as a reference? Yes No Reason for Leaving: _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience (i.e. volunteer activities, military experience, etc.):

REFERENCES

Professional references – please list three persons who have firsthand knowledge of your skills and ability (manager, supervisor, etc.). Please do not list relatives.

Name	Occupation	Email Address	Phone Number
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Name	Occupation	Email Address	Phone Number
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Name	Occupation	Email Address	Phone Number
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Capital Area Health Network is an Equal Opportunity Employer. All Applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws.

CERTIFICATION AND AUTHORIZATION TO VERIFY INFORMATION

Please read carefully before signing this application.

I certify that all answers and statements I have made on this application and/or resume (or other supplementary materials) are true and complete without omissions. I understand that any false information will result in refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application or resume to give you complete information and records regarding my employment, education, character and qualifications.

If hired, I will be responsible for familiarizing myself with all rules, regulations and personnel policies of Capital Area Health Network dba Vernon J. Harris Medical Center, as they presently exist or are later modified. If hired, I understand my employment can be terminated at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement, which I have entered into with the corporation.

I also understand that no representative of Capital Area Health Network dba Vernon J. Harris Medical Center has any authority to enter into any employment agreement for any specific period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the Chief Executive Officer.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

By signing below, I authorize Capital Area Health Network to investigate all statements contained in this employment application, as they may deem necessary in arriving at an employment decision. I further authorize Capital Area Health Network to order one or more consumer reports containing financial, driving record, and/or other information about me from a consumer-reporting agency. I understand that the consumer report(s) will be requested and used for the purpose of evaluating me for employment, promotions or retention as an employee.

I have read, understand and agree with this certification and authorization to verify my information.

Signature: _____ Date: _____

Printed Full Name: _____ SSN: _____