



It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

PERSONAL INFORMATION

Individuals filling out this form acknowledge they are at least 18 years old. ☐ Yes ☐ No

First Name	Last Name	MI	Home Phone	Cell Phone	Email

Current Address	Apt / Suite	Current City	Current State	Current Zipcode

Open Position(s) You Are Applying For	Date Available for Work	Type of Position (check all that apply)	Shift (check all that apply)
1) <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Per Diem <input type="checkbox"/> Pool <input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Rotation
2) <input type="text"/>			
3) <input type="text"/>			

Salary Requirement	Are you willing to Travel?	Are you willing to Relocate?	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?
\$) <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If overtime work is required periodically, does this pose a problem for you?	Are You Legally Authorized to Work in the U.S.?	Have you ever worked for Wilson Medical?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Are you related to any Wilson Medical Center employee?	How did you learn about this position?
<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> State Employment Position <input type="checkbox"/> Current Employee <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Internet <input type="checkbox"/> Job Line <input type="checkbox"/> Job Listing <input type="checkbox"/> Ad <input type="checkbox"/> Other <input type="text"/>
If yes, which facility or department? <input type="text"/>	Current Employee Name <input type="text"/>

Are you able to perform the essential, job related functions of this position for which you are applying with or without reasonable accommodations?	Are you presently charged with any violation of the law?	Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a federally funded health program?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, describe: <input type="text"/>	If yes, give date, place and nature of each such event: <input type="text"/>	

EDUCATIONAL HISTORY

High School	School Name	From MM/YYYY To MM/YYYY	Degree or Certificate
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City <input type="text"/> State <input type="text"/>	Graduated / GED <input type="radio"/> Yes <input type="radio"/> No	



EDUCATIONAL HISTORY - CONTINUED

College	School Name	From MM/YYYY	To MM/YYYY	Degree or Certificate
	City	State	Graduated	
College	School Name	From MM/YYYY	To MM/YYYY	Degree or Certificate
	City	State	Graduated	
Graduate School	School Name	From MM/YYYY	To MM/YYYY	Degree or Certificate
	City	State	Graduated	
Other	School Name	From MM/YYYY	To MM/YYYY	Degree or Certificate
	City	State	Graduated	

Clerical or other skills applicable to the position(s) you are applying

<input type="checkbox"/> Typing	<input type="checkbox"/> Proficient in Software	<input type="checkbox"/> Business Machines and/or Equipment	<input type="checkbox"/> Other
WPM			
<input type="checkbox"/> PBX			

List any Professional Licenses, Registration or Certifications	Indicate if you are ineligible to become licensed or certified in your field. Please explain

Indicate if any licenses have been revoked, suspended or placed on probation



WORK HISTORY

Current or Most Recent	From MM/YYYY	To MM/YYYY	Company	Address	Phone
	Name While Employed		Job Title	Duties / Role	Salary
1st Previous	Type	Hours Per Week	Immediate Supervisor	Reason for Leaving	May We Contact The Company
	<input type="checkbox"/> PRN <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				<input type="radio"/> Yes <input type="radio"/> No
	From MM/YYYY	To MM/YYYY	Company	Address	Phone
2nd Previous	Name While Employed		Job Title	Duties / Role	Salary
	Type	Hours Per Week	Immediate Supervisor	Reason for Leaving	May We Contact The Company
	<input type="checkbox"/> PRN <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				<input type="radio"/> Yes <input type="radio"/> No
3rd Previous	From MM/YYYY	To MM/YYYY	Company	Address	Phone
	Name While Employed		Job Title	Duties / Role	Salary
	Type	Hours Per Week	Immediate Supervisor	Reason for Leaving	May We Contact The Company
	<input type="checkbox"/> PRN <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				<input type="radio"/> Yes <input type="radio"/> No

Professional References • References should not be relatives. Give references who have good knowledge of your work.

	Name	Position	Address	Phone	# of Years Known
1)					
2)					
3)					
4)					
5)					



IMPORTANT INFORMATION

Please review and acknowledge that you understand the following:

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand that the facility serves the right to require its employees to submit blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination of my employment.
- Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.

ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.

Release:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar / Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application for employment, employment or termination of employment with the employer exclusively by final and binding arbitration and before a neutral Arbitrator and in accordance with the rules and procedures for employment disputes adopted by the employer. Such claims shall include those that could be brought in a court of law under any applicable federal, state or local statutory or common law, such as the Age Discrimination in Employment act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Family and Medical Leave Act, state civil rights acts, the law of contract and the law of tort.

I have read and understand these conditions of employment. ☐ Yes

Applicants Full Name

Date Prepared

Submit Form