

EDUCATION/SKILLS DATA:

Do you possess a high school diploma or GED?

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EMPLOYMENT HISTORY: (Also include any relevant volunteer experience)

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| Present or Last Employer: | Date (Mo./Yr): |
| | From: To: |
| Address: | Total Time Employed: |
| City: State: Zip Code: | |
| Phone: Job Title: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call |
| Supervisor's Name and Title: | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Detailed description of Duties: | Reason for Leaving: |
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|---------------------------------|--|
| Second Previous Employer: | Date (Mo./Yr): |
| | From: To: |
| Address: | Total Time Employed: |
| City: State: Zip Code: | |
| Phone: Job Title: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call |
| Supervisor's Name and Title: | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Detailed description of Duties: | Reason for Leaving: |
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|---------------------------------|--|
| Third Previous Employer: | Date (Mo./Yr): |
| | From: To: |
| Address: | Total Time Employed: |
| City: State: Zip Code: | |
| Phone: Job Title: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call |
| Supervisor's Name and Title: | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Detailed description of Duties: | Reason for Leaving: |
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|---------------------------------|--|
| Fourth Previous Employer: | Date (Mo./Yr): |
| | From: To: |
| Address: | Total Time Employed: |
| City: State: Zip Code: | |
| Phone: Job Title: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call |
| Supervisor's Name and Title: | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Detailed description of Duties: | Reason for Leaving: |
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APPLICANT CERTIFICATION/RELEASE OF INFORMATION

(Please Read Carefully)

I certify that the information contained in this application is true and complete. I understand that any misrepresentation or willful omission of facts is cause for immediate dismissal.

I hereby authorize MPH to investigate my statements and conduct a background investigation if deemed necessary. All employers, educational institutions, law enforcement agencies, state and federal courts, and references listed are hereby authorized to give MPH any and all information regarding my employment, background, or character. MPH and all employers, educational institutions, law enforcement agencies, state and federal courts, and references are hereby released from any and all liability which may result from furnishing or using such information.

I understand that MPH complies with the ADA and makes reasonable accommodations for essential job functions, as may be requested and appropriate. I further understand that it is a condition of employment that all employees will follow hospital policies and procedures.

I also agree that any personal property carried by me to and from the MPH premises may be inspected by MPH authorized personnel.

I understand the MPH requires pre-employment drug screening of all of its employees, regardless of position offered within the facility. I further understand that if an employment offer should be made, this offer will be contingent upon the successful completion of a drug screen (negative result).

The use of the application blank does not indicate there are positions open and does not in any way obligate MPH. Additionally, this application should not be considered as an employment agreement. Any decisions regarding length of employment, interpretation, or application of policies or procedures by the Hospital will be final and binding on all parties concerned. I further agree that my employment and compensation can be terminated at will, with or without cause and with or without notice, at any time either at my option or at the option of MPH.

Applicant's Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Date of Interview: _____

Discussed: Job Hours _____ Rotate Shifts: Yes No

FT PT Other: _____ Hours per pay period: _____

Starting Date & Time: _____ Starting Salary: _____

Overtime: Exempt Non-Exempt

Hired by: _____ Dept.: _____

Replacement for: _____ Budgeted: Yes No