PATTON – FULLER COMMUNITY HOSPITAL

APPLICATION FOR EMPLOYMENT FORM An Equal Opportunity Employer

Patton-Fuller Community Hospital (PFCH) is an equal opportunity employer. We do not discriminate regardless of race, color, religion, creed, marital status, gender, national origin, age, sexual orientation, disability or any other basis that would be prohibited by law.

PERSONAL DATA:

Name:			
С	onnors	Josue	
	Last	First	Middle Init.
Address:	5329 E. S	Timberline Tr	ail
City:	-		
State:			
Zip Code:			
Telephone	e: Day: <u>555</u> -	·0192 N	Night: 555-0122
		for a position at Play of the state of the s	FCH? Yes \(\sum \) No \(\sum \)
	ever been em	ployed by PFCH?	Yes No No
			? Yes No S sealed records of arrest or convection
	ive any relativ e, relationship an		oyed by PFCH? Yes No
-	ition are you a lable: Immed		N Oncology Salary expected: Open

EDUCATION:

High School				
Name Okemah High School				
City/State Okemah, OK 74859				
Area of Study				
Dates Attended				
Did you graduate? _ June 1997				
Degree H.S. Diploma				
Vocational				
<u>Vocational</u>				
NameCity/State				
Area of Study				
Dates Attended				
Did you graduate?				
Degree				
College				
Name Thompson Technical Institute				
City/State Mason, OK 74859				
Area of Study Nursing				
Dates Attended <u>1997 - 1999</u>				
Did you graduate? Yes				
Degree ADN				
College				
Name Texas A & M University				
City/State Corpus Christi, TX 78412				
Area of Study Nursing				
Dates Attended 2001 - 2003				
Did you graduate? Yes				
Degree BSN				
<u>Graduate</u>				
Name University of Phoenix - Online				
City/State Phoenix, AZ 85040				
Area of Study Nursing				
Dates Attended 2005 - Present				
Did you graduate? Projected Graduation - 2007				
Degree MSN				
DegreeFISTV				
<u>Other</u>				

List any computer MS Word, Po		trial equipment that you operate:
Language Skills of	ther than English:	
0 0	Speak Read Write	Fair 🗌 Good 🗌 Fluent 🗌
	(Circle all applicable)	
Language:	Speak Read Write	Fair Good Fluent
	(Circle all applicable)	
Language:	Speak Read Write (Circle all applicable)	Fair Good Fluent
Membership in Pr your race, religion or		tions: (exclude those that may disclose
Oklahoma Nurs	es Assoc.	

EMPLOYMENT HISTORY:
Beginning with your current or most recent employer list the past 5 positions

Name of Employer: Bradley Medical Center						
Address of Employer: Corpus Christi, TX 78406						
Phone: 361–555–0182						
Position Held: RN Staff Nurse - Oncology Unit						
Supervisor Name and phone:						
Employment Dates: Sept. 1999 - December 2001						
Full -Time Part-time Number of hours worked per week: 40						
Starting Salary: \$19.30 Ending Salary: \$22.58						
Reason for Leaving: Spouse relocated to Kelsey						
Key Job Duties and Responsibilities: General staff RN duties						
Name of Employer: Palmer Memorial Hospital						
Address of Employer: Mason, OK 74859						
Phone: 918-555-0172						
Position Held: RN Staff Nurse - Oncology Unit						
Supervisor Name and phone: Willena Olivera						
Employment Dates: Sept. 1999 - December 2001						
Full -Time Part-time Number of hours worked per week: 40						
Starting Salary: \$18.88 Ending Salary: \$19.54						
Reason for Leaving: Moved to Texas to attend school						
Key Job Duties and Responsibilities: General staff RN duties						
Name of Employer:						
Address of Employer:						
Phone:						
Position Held:						
Supervisor Name and phone:						
Employment Dates:						
Full -Time Part-time Number of hours worked per week:						
Starting Salary: Ending Salary:						
Reason for Leaving: Vay Job Duties and Pesnonsibilities:						
Key Job Duties and Responsibilities:						

Name of Employer:	
Address of Employer:	
Phone:	
Position Held:	
Supervisor Name and phone:	
Employment Dates:	
Full -Time Part-time Number of hours worked per week:	
Starting Salary: Ending Salary:	
Reason for Leaving:	
Key Job Duties and Responsibilities:	

Personal References: List four reference who may attest to your character & ability

NAME	ADDRESS City/State/Zip	TELEPHONE Home/Work	RELATIONSHIP & Years Acquainted	
Elvis Parish	340 E. Atlar Okemah, OK		-0197 Nursing Prof. 2 years	
Karl Palmiotto		St. (918) 555 74859	-0179 Friend 15 years	
Janelle McNitt		t. (361) 555 ti, TX 78401	-0135 Co-worker 3 years	
Thea Sapp		t. (361) 555 ti, TX 78405	-0155 Co-worker 2 years	

YOU WILL BE CONTACTED FOR AN INTERVIEW IF YOUR SKILLS AND QUALIFICATIONS MEET THE REQUIREMENTS OF THE JOB DESCRIPTION FOR THE POSITION IN WHICH YOU ARE APPLYING AND THE POSITION IS OPEN TO BE FILLED AT THE TIME OF THIS APPLICATION REVIEW.

THIS APPLICATION WILL BE MAINTAINED ON FILE IN THE HUMAN RESOURCES DEPARTMENT FOR A PERIOD OF ONE YEAR, IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER ONE YEAR, YOU WILL NEED TO COMPLETE ANOTHER EMPLOYMENT APPLICATION.

By my signature below I authorize Patton-Fuller Community Hospital to investigate all statements contained in this application and to contact all references listed both personnel and employer. I give authorization for all references listed both personal and employer to provide any and all information concerning my previous employment and other pertinent information they may have. I release all persons contacted from any and all damages and liability that may result from information they provide to Patton-Fuller Community Hospital.

I understand that completion of a job application is not an entitlement of a job interview, that Patton-Fuller Community Hospital retains the sole right to contact, interview and hire at will so long as it does not violate the Equal Employment Opportunity Laws.

In consideration of employment, I further agree to abide by all policies and procedures of Patton-Fuller Community Hospital as in place at time of hire or as revised or added during my employment. I understand

and accept that the terms and conditions of employment may be changed with or without notice, at any time by Patton-Fuller Community Hospital.

I certify that I have read and understand the preceding paragraphs. I further attest that the information I have provided in the application is true and complete to the best of my knowledge. I understand that any false information, omissions of information, misrepresentations of facts may be cause for the denial of my application or if employed may result in my immediate dismissal.

If this form is electronically submitted, the date must be present and the named typed in the Signature line. If contacted and requested to appear for an interview I understand that I must write in my signature before the interview is conducted.

DATE: July 10, 2005 SIGNATURE: Josue Connors