# 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:			
	Earls	Trey	R.
	Last	First	Middle Init.
Address:	3528 Keysto	one Dr.	
City:			
State:			
Zip Code:			_
Telephone	e: Day: <u>555-0</u>	0146 Night:	
		for a position at PFCH?  I for what position?	Yes  No
	ever been emp	ployed by PFCH? Yes	□ No ⊠
		victed of a felony? Yes disclose expunged or sealed re	
If yes: name	ve any relativ e, relationship and a nurse in the	d position held:	y PFCH? Yes ⊠ No □
_	ition are you a lable: Immed		Desk Salary expected: \$10/hr

Are you legally eligible for employment in the USA? Yes No Note: Verification of eligibility for employment will be required
How did you find out about this job?Brother
Are you applying for: Full-time $oxtimes$ Part-time $oxtimes$ Permanent $oxtimes$ Temporary $oxtimes$
What shift(s) are you available to work? Days ☐ Evenings ☒ Nights ☐
If required can you work: Saturdays $\boxtimes$ Sundays $\boxtimes$ Holidays $\boxtimes$ Overtime $\boxtimes$
After reviewing the job description, are you able to perform the essential functions of your job? Yes No If no: Are there any reasonable accommodations that would allow you to perform the essential functions of the job? Please describe:
Please list any License/Registrations/Certifications (You will be asked to produce these documents at time of interview if applicable to the position applying for.)
Have you ever been (1) denied or (2) been suspended or had revoked any licenses/certification/registration? Yes No If yes please explain:

# **EDUCATION:**

High School
Name Brooks Academy
City/State Kelsey
Area of Study
Dates Attended
Did you graduate? <u>June 2003</u>
Degree H.S. Diploma
Vacational
Vocational
Name Rosen Vocational School
City/State Kelsey
Area of Study Computers
Dates Attended 2003-2004
Did you graduate? Yes June 2004
Degree <u>Certification</u>
Collogo
College Name
Name
City/StateArea of Study
Dates Attended
Did you graduate?
Degree
College
Name
City/State
Area of Study
Dates Attended
Did you graduate?
Degree
Graduate
Name
City/State
Area of Study
Dates Attended
Did you graduate?
Degree
Other
<u>Other</u>

v i		trial equipment that you operate: s, MacOS, Linux, UNIX, C, C++, S
Access		
Language Skills	other than English:	
Language:	Speak Read Write	Fair Good Fluent
<b>T</b>	(Circle all applicable)	
Language:	Speak Read Write (Circle all applicable)	Fair Good Fluent
Language:	` /	Fair Good Fluent
_	· ·	tions: (exclude those that may disclose
your race, religion	or national origin)	

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

Name of Employer: Kronewitter Computer Services					
Address of Employer: 4467 E. Main St., Kelsey					
Phone: 555-0190					
Position Held: Troubleshooter					
Supervisor Name and phone: Joseph Kronewitter					
Employment Dates: 2002-Present					
Full -Time Part-time Number of hours worked per week: 40					
Starting Salary: \$8.00 Ending Salary: Same					
Reason for Leaving: Wanting more experience					
Key Job Duties and Responsibilities: Handled computer problems and					
questions					
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:					
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:					
<b>Key Job Duties and Responsibilities:</b>					
<u> </u>					
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
Jeremy	1049 S. 31 <sup>st</sup> Way	555-0172	Brother
Earls	Kelsey		20 years
Jerry	9148 Partridge Ave.	555-0104	Friend
Salome	Kelsey		7 years
Pinkie	5523 Homestead Rd	. 555-0108	Instructor
Denoble	Kelsey		8 months
Pamelia	2381 E. Erie	555-0175	Family Doctor
Durso, MD	Kelsey		7 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: November 7, 2005 SIGNATURE: Trey Earls