

**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:**

                Lovell  King  S.  
*Last  First  Middle Init.*

**Address:** 344 Partridge Ave.  
**City:** Kelsey  
**State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_

**Telephone: Day:** 555-0162      **Night:** Same

**Have you ever applied for a position at PFCH?** Yes  No   
*If yes, when did you apply and for what position?*

\_\_\_\_\_

**Have you ever been employed by PFCH?** Yes  No   
*If yes, when and what position?*

\_\_\_\_\_

**Have you ever been convicted of a felony?** Yes  No   
*Applicants are not required to disclose expunged or sealed records of arrest or convection*

**Do you have any relatives currently employed by PFCH?** Yes  No   
*If yes: name, relationship and position held:*

**What position are you applying for?** RN Med-Surg      **Salary expected:** \$21/hr  
**Date Available:** Immediately

**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?** Friend

**Are you applying for:** Full-time  Part-time  Permanent  Temporary

**What shift(s) are you available to work?** Days  Evenings  Nights

**If required can you work:** Saturdays  Sundays  Holidays  Overtime

**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.)*

Registered Nurse  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Rapid City Stevens High School  
City/State Rapid City, SD  
Area of Study \_\_\_\_\_  
Dates Attended \_\_\_\_\_  
Did you graduate? 1984  
Degree H.S. Diploma

**Vocational**

Name \_\_\_\_\_  
City/State \_\_\_\_\_  
Area of Study \_\_\_\_\_  
Dates Attended \_\_\_\_\_  
Did you graduate? \_\_\_\_\_  
Degree \_\_\_\_\_

**College**

Name University of South Dakota  
City/State Vermillion, SD  
Area of Study Nursing  
Dates Attended \_\_\_\_\_  
Did you graduate? 1989  
Degree BSN

**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are clinical, list your areas(s) of interest or specialization.**

Med-Surg

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**List any computer, business, software or industrial equipment that you operate:**

Wordperfect, Lotus, e-mail

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**Language Skills other than English:**

Language: \_\_\_\_\_ **Speak Read Write**      Fair  Good  Fluent

*(Circle all applicable)*

Language: \_\_\_\_\_ **Speak Read Write**      Fair  Good  Fluent

*(Circle all applicable)*

Language: \_\_\_\_\_ **Speak Read Write**      Fair  Good  Fluent

*(Circle all applicable)*

**Membership in Professional or Civic Organizations:** (exclude those that may disclose your race, religion or national origin)

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**EMPLOYMENT HISTORY:**

*Beginning with your current or most recent employer list the past 5 positions*

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**Name of Employer:** Souser Medical Center  
**Address of Employer:** Kelsey  
**Phone:** 555-0179  
**Position Held:** Staff Nurse Medical/Surgical Unit  
**Supervisor Name and phone:** Mindy Lagoa  
**Employment Dates:** Feb. 1989 - Jan. 1997  
**Full -Time**  **Part-time**  **Number of hours worked per week:** 40  
**Starting Salary:** \$19.10 **Ending Salary:** \$20.75  
**Reason for Leaving:** Looking for advancement  
**Key Job Duties and Responsibilities:** General staff nurse duties

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**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:** \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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
Timmy Comar	258 N. Euclid Sioux Falls, SD	(605) 555-0159	Friend 4 years
Krysten Krugman, MD	457 N. Yale St. Vermillion, SD	(605) 555-0147	Professor 3 years
Carroll Appia	4646 Timberline Rapid City, SD	(605) 555-0138	Neighbor 10 years
Rocco Livezey	344 Partridge Ave Kelsey	555-0162	Friend/Roommate 4 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: February 7, 1997 SIGNATURE: *King Lovell*