

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:

Wiseman	Nilia	A.
<i>Last</i>	<i>First</i>	<i>Middle Init.</i>

Address: P.O. Box 128

City: Kelsey

State: _____

Zip Code: _____

Telephone: Day: 555-0155 **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 conviction

Do you have any relatives currently employed by PFCH? Yes No

If yes: name, relationship and position held:

What position are you applying for? Dietary Aide **Salary expected:** _____

Date Available: Need to give 1 week notice to current employer

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? Newspaper

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.)

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 Kelsey High School
City/State Kelsey
Area of Study _____
Dates Attended _____
Did you graduate? 1996
Degree Diploma

Vocational

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

College

Name _____
City/State _____
Area 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

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

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

Language Skills other than English:

Language: _____ **Speak Read Write** Fair Good Fluent
(Circle all applicable)

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(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)

EMPLOYMENT HISTORY:

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

Name of Employer: Souser Medical Center
Address of Employer: Kelsey
Phone: 555-0179
Position Held: Dietary worker
Supervisor Name and phone: Mrs. Maryann Galabeas
Employment Dates: 1995 - Present
Full -Time **Part-time** **Number of hours worked per week:** 40
Starting Salary: \$5.10 **Ending Salary:** \$7.94
Reason for Leaving: More money and opportunity
Key Job Duties and Responsibilities: Set up trays, serve meals, wash dishes, take snacks to units

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: _____
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
Coletta Lanphier	845 Keystone Dr. Kelsey	555-0172	Co-worker 8 years
Antonette Polisoto	144 S. 45 th St. Kelsey	555-0194	Friend 10 years
Leroy Seydel	Unknown Kelsey	555-0192	Co-worker 5 years
Coralie Riedl	3638 Pine Knoll Kelsey	555-0106	Friend 10 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: *Nida Wiseman*