



Read This Section Prior to Providing Signature Below

In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.

I hereby affirm that the information provided on this application I submitted to is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations name in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision. I release all such persons from any liability regarding the provision or use of such information.

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Contact Phone Number: _____

Date Online Application was submitted: _____

Position Sought: _____

After filling out and signing this form, please mail it to:

Lower Umpqua Hospital
Attn: Administrative Assistant
600 Ranch Road
Reedsport, OR 97467