



## **EMPLOYMENT APPLICATION**

<b>Position Applied For:</b>					
<b>Personal Data</b> Each applicable field in this section must be completed.					
<b>Prefix (check one)</b> Mr. Ms. Dr.		<b>First Name</b>		<b>Middle Initial</b>	<b>Last Name</b>
<b>Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b>			<b>Are you 18 years old or younger?</b> Yes No		
<b>Mobile Phone</b>			<b>Email Address</b>		
<b>Who referred you to Lower Umpqua Hospital?</b>			<b>If an employee referred you, employee's name:</b>		
<b>Have you ever been employed by this facility?</b> Yes No		<b>If Yes (mm/dd/yyyy)</b> From: To:		<b>If yes, under what name??</b>	
<b>If yes, your reason for leaving?</b>			<b>Any relatives or friends employed in this facility?</b> Yes No <b>(Name)</b>		
<b>What status are you applying for?</b> Full Time Part Time Per Diem/Occasional			<b>What shift are you applying for?</b> Days Evenings Nights Any		
<b>Date available to begin work?</b> (mm/dd/yyyy)		<b>What is your minimum salary acceptable?</b> \$ Per: Hour Month Year			
<b>EDUCATION</b>					
<b>What is your highest education level?</b> Less than HS Graduate HS Graduate or GED Some College Technical School 2-Yr Degree Bachelor's Level Some Grad School Master's Level Doctorate (Academic) Doctorate (Professional)					
<b>ADVANCED EDUCATION (If Applicable)</b> Each field in these sections must be completed, or we cannot accept your education record(s)					
<b>Name of college, university, business or tech school</b>					<b>State or Country</b>
<b>Year earned or expected</b>	<b>Area of study/major</b>	<b>Degree type</b> Vocational Associate's Bachelor's Master's Doctorate Ph.D. Other			<b>Graduated?</b> Yes No
<b>Name of college, university, business or tech school</b>					<b>State or Country</b>
<b>Year earned or expected</b>	<b>Area of study/major</b>	<b>Degree type</b> Vocational Associate's Bachelor's Master's Doctorate Ph.D. Other			<b>Graduated?</b> Yes No

<b>EMPLOYMENT HISTORY</b> Each field in these sections must be completed, or we cannot accept your employment history record(s)			
<b>Current Employment</b>			
Name of Company		Employment Dates (mm/dd/yyyy) Started: _____ Ended: _____	
City		State	Zip
Phone Number	May we contact them? Yes      No	Beginning and ending job title	
Salary \$      Per:    Hour    Month	Your immediate supervisor's name	Your first and last name while employed	
Your reason for leaving this company			
Nature of your duties (50 words or less)			
<b>1<sup>ST</sup> PREVIOUS EMPLOYMENT</b>			
Name of Company		Employment Dates (mm/dd/yyyy) Started: _____ Ended: _____	
City		State	Zip
Phone Number	May we contact them? Yes      No	Beginning and ending job title	
Salary \$      Per:    Hour    Month	Your immediate supervisor's name	Your first and last name while employed	
Your reason for leaving this company			
Nature of your duties (50 words or less)			
<b>2<sup>ND</sup> PREVIOUS EMPLOYMENT</b>			
Name of Company		Employment Dates (mm/dd/yyyy) Started: _____ Ended: _____	
City		State	Zip
Phone Number	May we contact them? Yes      No	Beginning and ending job title	
Salary \$      Per:    Hour    Month	Your immediate supervisor's name	Your first and last name while employed	
Your reason for leaving this company			
Nature of your duties (50 words or less)			
<b>3<sup>RD</sup> PREVIOUS EMPLOYMENT</b>			
Name of Company		Employment Dates (mm/dd/yyyy) Started: _____ Ended: _____	
City		State	Zip
Phone Number	May we contact them? Yes      No	Beginning and ending job title	
Salary \$      Per:    Hour    Month	Your immediate supervisor's name	Your first and last name while employed	
Your reason for leaving this company			
Nature of your duties (50 words or less)			

<b>LICENSURE / SKILLS AND TRAINING / QUALIFICATIONS</b> Please list your current professional or technical license, and/or certificates, if applicable			
<b>(1) Type</b>	<b>State Issued</b>	<b>Date</b>	<b>Number</b>
<b>(2) Type</b>	<b>State Issued</b>	<b>Date</b>	<b>Number</b>
<b>(3) Type</b>	<b>State Issued</b>	<b>Date</b>	<b>Number</b>
List your special skills, including machines or equipment and your proficiency level (e.g. Typing 45 W PM). Also, please list any activities, experiences achievements, and/or qualifications which are relevant to this application for employment (50 words or less)			
<b>MISCELLANEOUS INFORMATION</b> Please read the information below and answer all of the questions carefully.			
<b>Did you serve in the U.S. Armed Services?</b> Yes    No <b>If yes, what branch?</b>			
<b>Are you a U.S. citizen?</b> Yes    No    If no, see below			
<b>Are you an alien legally authorized to work in the United States?</b> Yes    No <b>If yes, describe</b> (10 words or less)			
<b>REFERENCES</b> Please provide at least 3 references who are not relatives or employers			
<b>Name</b>	<b>Relationship/Title</b>	<b>Company name &amp; address</b>	<b>Number</b>
<b>Name</b>	<b>Relationship/Title</b>	<b>Company name &amp; address</b>	<b>Number</b>
<b>Name</b>	<b>Relationship/Title</b>	<b>Company name &amp; address</b>	<b>Number</b>
<b>Name</b>	<b>Relationship/Title</b>	<b>Company name &amp; address</b>	<b>Number</b>
<b>AFFIDAVIT</b>			
In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be term initiated 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 agreement signed by an administrative representative of this facility.			
I hereby affirm that the information provided on this application (and accompanying resume, if any) 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 named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision and I release all such persons from any liability regarding the provision or use of such information.			
I understand that the use of illegal drugs is prohibited during employment. I consent to submit to a Drug Screening Test for illegal drugs, including Urine Screening Test, to determine the presence of illegal drugs.			
Applicant's Signature _____			Date _____

**AN EQUAL OPPORTUNITY EMPLOYER**  
**We comply with all applicable state and federal civil rights and equal employment laws and regulations.**  
J:\Administration\Manager Orientation\12. Administrative Forms // N:\Human Resources\----Manager Orientation Manual\12. Administrative Forms //  
J:\DEPARTMENTS\HR\New Hire Packet