



NEMAHA VALLEY COMMUNITY HOSPITAL

People You Know... Care You Trust!



Application

This institution does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Veteran status, or on the basis of age, physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. Applicants requiring accommodations to the application and/or interview process should contact the Human Resource Representative.

Each question should be answered completely and accurately. No action will be taken on this application until the application has been signed and dated. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Date: _____

Name: Last

First MI

Address Line 1:

Address Line 2.

City

State

Zip Code

Primary Phone #

Secondary Phone #

Email Address:

Position(s) applying for:

Salary expectations:

Were you previously employed by us? Yes No If yes, when? _____

REFERRED BY: _____
Name

EDUCATION:

School Level	Name/Location of School	Years Attended	Did you Graduate?	Degree or Certification
GED or High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

WORK HISTORY: List your four most recent employers, list most recent first.

Employer: _____

Address _____ City _____ State _____ Zip Code _____

Dates Employed: From: _____ To: _____ Job Title: _____

Salary: Start: _____ Final: _____

Supervisor: _____ May we contact: Yes No

Job Duties Performed: _____

Reason for Leaving: _____

Employer: _____

Address _____ City _____ State _____ Zip Code _____

Dates Employed: From: _____ To: _____ Job Title: _____

Salary: Start: _____ Final: _____

Supervisor: _____ May we contact: Yes No

Job Duties Performed: _____

Reason for Leaving: _____

WORK HISTORY CONTINUED

Employer: _____

Address City State Zip Code

Dates Employed: From: _____ To: _____ Job Title: _____

Salary: Start: _____ Final: _____

Supervisor: _____ May we contact: Yes No

Job Duties Performed: _____

Reason for Leaving: _____

Employer: _____

Address City State Zip Code

Dates Employed: From: _____ To: _____ Job Title: _____

Salary: Start: _____ Final: _____

Supervisor: _____ May we contact: Yes No

Job Duties Performed: _____

Reason for Leaving: _____

MILITARY SERVICE RECORD:

Branch of Service: _____ Discharge date and rank: _____

List job-related accomplishments, projects, and awards. (Exclude information that would reveal race, color, national origin, religion, gender, age, marital or veteran status; medical condition, disability; or any other legally protected status.)

List additional information you would like us to consider.

REFERENCES:

List three professional references, (business or work) which are not relatives that you have known for at least one year. List at least one previous supervisor.

_____	_____	_____
Name:	Company:	
_____	_____	_____
Best # to reach:	Relationship	Years acquainted

_____	_____	_____
Name:	Company:	
_____	_____	_____
Best # to reach:	Relationship	Years acquainted

_____	_____	_____
Name:	Company:	
_____	_____	_____
Best # to reach:	Relationship	Years acquainted

_____	_____	_____
Name:	Company:	
_____	_____	_____
Best # to reach:	Relationship	Years acquainted

AUTHORIZATION:

I understand that NVCH/SFP is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination, if employed.

I authorize NVCH/SFP to contact any company, or individual it deems necessary to investigate my employment history, character, qualifications and other relevant information, if job-related. I give my full consent for all contacted individuals, including former employers, to provide information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to NVCH/SFP. I acknowledge that a facsimile and/or photocopy of this form is as valid as the original.

I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician examination which relates to the essential duties I would be required to perform.

I understand that my employment with NVCH/SFP is “at-will” and may be terminated by myself or NVCH/SFP at any time, with or without cause or notice, for any reason or for no reason. I understand that no representative of NVCH/SFP has the authority to make any assurance to the contrary.

SIGNATURE

DATE

For purposes of this document, a typed signature will serve as the official signature.



WAIVER AND RELEASE:

I hereby authorize your agency to furnish NVCH/SFP any information that you have concerning my work record, driving record, education record, reputation, character, medical record, military service records, financial record, criminal record, or any other information they might request. Information of a confidential or privileged nature may be included. I further authorize copies of those records to be made and given to the above-named firm if requested.

Date: _____

Name: Last First MI

Maiden or other names used

Current Address Line 1: Address Line 2.

City State Zip Code

Previous Address Line 1: Address Line 2.

City State Zip Code

Social Security Number: Driver's License Number: Expiration Date:

Other counties or states resided in the past 10 years:

Signature: _____

For the purpose of this document, a typed signature will serve as the official signature.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.