

APPLICATION FOR EMPLOYMENT
Trigg County Hospital is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.

Position Applied For: _____ Date of Application _____
 Date You Can Start: _____

Please note that this application will only remain active for 1 year, after which the applicant will need to re-apply.

Name: _____ Social Security #: _____
 Last First Middle

Present Address: _____
 Street City State Zip

Permanent Address: _____
 Street City State Zip

Telephone #: Home (_____) _____ Work _____ (_____) _____

Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Salary Desired _____ Type of Employment: ___ Full-time ___ Part-time

Are you employed now? _____ May we contact your present employer? _____

Did you ever apply to this Company before? _____ Where? _____

Under what name? _____ When? _____

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

Are you lawfully entitled to be employed in the United States? _____

Have you been convicted of a crime? Yes No

Conviction will not necessarily disqualify you from employment.

If yes, please explain: _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application. _

REFERENCES: Three Individuals Not Related To You, Whom You Have Known For At Least One Year:

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact _____

Name/Street/City/State/Telephone

CURRENT AND FORMER EMPLOYERS: (Most Recent One First)

DATE MONTH/YEAR	NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From:				
To:				
From:				
To:				

From:				
To:				
From:				
To:				
From:				
To:				

* * * *

Please read the following statement carefully before signing to indicate your understanding:

I understand that, if I receive a conditional job offer and prior to beginning employment, I may be requested to undergo a pre-employment medical examination.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

Date

Signature

For Employer Use Only

Interviewed By: _____ Date: _____ Hired: ____ Yes ____ No

Starting Date: _____ Position: _____ Wage: _____

THE COMPANY IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER