



LAKELAND
COMMUNITY HOSPITAL

Application for Employment

A001 04/15

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Date		This application to be active for a period of _____ days only.	
Applicant Name (Please Give Complete Name)		Are You At Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone
Present Address (Include City, State, Zip Code)		Social Security No.	E-mail Address
Previous Address (If at Present Address Less Than 12 Months)			
Current Open Position(s) for Which You Are Applying		Type of Position	Shift
1)	2)	<input type="checkbox"/> Per Diem <input type="checkbox"/> Pool <input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Weekend <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Rotation
Salary Requirement	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available For Work	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked at this facility or in a facility associated with Curae Health Hospitals, or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what facility?	Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you learn about this position?	Are you able to perform the essential, job related functions of the position for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Employment Commission <input type="checkbox"/> Agency <input type="checkbox"/> Ad <input type="checkbox"/> Job Listing <input type="checkbox"/> School <input type="checkbox"/> Current Employee <input type="checkbox"/> Job Line <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____	Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction will not necessarily disqualify an applicant from employment.) If yes, give date, place and nature of each such conviction.
	Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and/or are you aware of any potential exclusion from a federally funded health program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Educational History

Type of School	Name of School City, State	Check Last Year Attended in School	Degree or Certificate
High School/ GED		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		Length of time attended	
Other		Length of time attended	

List any professional licenses, registration or certification you possess (Include Drivers License, if applicable) Type State Issued Expiration Date Number _____ _____ _____ _____ Has your license(s) in this state or another state been suspended, limited, revoked or under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____	Clerical or other skills applicable to the position for which you are applying <input type="checkbox"/> Typing (_____ wpm) <input type="checkbox"/> PBX <input type="checkbox"/> Proficient in Software: _____ _____ <input type="checkbox"/> Business machines and/or equipment you can operate: _____ _____ <input type="checkbox"/> Other: _____
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Application for Employment

A7940-LP 08/05

Employment History

Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.

Current or Most Recent	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$		Address	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed
	Job Title			Other reference with this employer	
	Nature of Duties				
1st Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$		Address	Name while employed	
	Job Title			Reason for leaving	
	Nature of Duties				
2nd Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$		Address	Name while employed	
	Job Title			Reason for leaving	
	Nature of Duties				
3rd Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$		Address	Name while employed	
	Job Title			Reason for leaving	
	Nature of Duties				

Professional References (Other than Relatives)

Give two references who have good knowledge of your work.

Name	Position	Address (Include City/State)	Phone - Work/Home	Number of Years Known
1.				
2.				

Please Review and Sign Where Indicated.

In making application for employment:

- I certified that the information in this application is true and complete and acknowledge it may be verified by the facility or any affiliate. If the information provided is false, incomplete or contains misrepresentations, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.

- I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.
- Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Substance Abuse Policy.

I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal health care program, or receive a government contract.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.

Release:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I have read and understand these conditions of employment.

Applicant Signature

Date Prepared

Office Use Only

- Referred to Department _____ Not Qualified for Opening
 Recommended Employment Hold for Future Opening References Checked
 Date _____ By _____