



ALLEGHANY
MEMORIAL HOSPITAL

Application For Employment

***This application MUST be completed in full**

233 Doctors Street • Sparta, NC 28675

PERSONAL / EDUCATION / SKILLS

LAST NAME	FIRST	MIDDLE			
PRESENT ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.	
PREVIOUS ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.	
POSITION APPLIED FOR					SALARY DESIRED
HOW WERE YOU REFERRED TO THIS FACILITY?					ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED BY THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> DEPARTMENT?					DATE AVAILABLE FOR WORK
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? WHEN?			ARE YOU 18 YRS OLD OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		WOULD YOU CONSIDER WORK- ING ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS & HOLIDAYS? YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS? YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS					SHIFT PREFERRED 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT BECAUSE OF YOUR VISA OR IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE INDICATE VISA TYPE OR OTHER IMMIGRATION STATUS. OTHER					
HAVE YOU EVER HAD A CRIMINAL CONVICTION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:					
HAVE YOU EVER BEEN EXCLUDED FROM MEDICARE? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN					

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							YES <input type="checkbox"/> NO <input type="checkbox"/>	
							YES <input type="checkbox"/> NO <input type="checkbox"/>	
SPECIAL SCHOOL OR TRAINING							YES <input type="checkbox"/> NO <input type="checkbox"/>	
							YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE							YES <input type="checkbox"/> NO <input type="checkbox"/>	
							YES <input type="checkbox"/> NO <input type="checkbox"/>	

OTHER Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)

AREA OF SPECIALIZATION OR MAJOR INTEREST	TYPING: APPROX. WPM
	COMPUTER KNOWLEDGE:

LIST HEALTHCARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY: REGISTERED LICENSED CERTIFIED
 ELIGIBLE FOR: REGISTRATION LICENSURE CERTIFICATION

IF LICENSED REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO
	TYPE	STATE ISSUED	DATE	NO
	TYPE	STATE ISSUED	DATE	NO

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
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JOB TITLE _____

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EMPLOYER NAME
ADDRESS & PHONE: _____

DUTIES: _____

REASON FOR LEAVING _____

JOB TITLE _____

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EMPLOYER NAME
ADDRESS & PHONE: _____

DUTIES: _____

REASON FOR LEAVING _____

JOB TITLE _____

--	--	--	--

EMPLOYER NAME
ADDRESS & PHONE: _____

DUTIES: _____

REASON FOR LEAVING _____

JOB TITLE _____

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EMPLOYER NAME
ADDRESS & PHONE: _____

DUTIES: _____

REASON FOR LEAVING _____

State if you do not want us to contact any of the above listed former or current employers and the reason you do not want each contacted.

Can we run a detailed employment check, including but not limited to a check with your previous employers? Yes No _____

Please sign here to authorized reference check.

DID YOU SERVE IN THE U.S ARMED SERVICES? YES NO

WHAT BRANCH?

HAVE YOU VOLUNTEERED YOUR TIME OR SERVICE? YES NO

WHERE?

BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH VOLUNTEER OR MILITARY SERVICE: (Include duties)

REFERENCES

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME _____ JOB TITLE _____ HOW LONG KNOWN: _____

COMPANY NAME: _____ TELEPHONE _____

COMPANY ADDRESS _____

NAME _____ JOB TITLE _____ HOW LONG KNOWN: _____

COMPANY NAME: _____ TELEPHONE _____

COMPANY ADDRESS _____

NAME _____ JOB TITLE _____ HOW LONG KNOWN: _____

COMPANY NAME: _____ TELEPHONE _____

COMPANY ADDRESS _____

REMARKS

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. This application is not a contract for employment.

In this event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date