



**MISSOURI DELTA
MEDICAL CENTER**
Focused on the Future of Healthcare

APPLICATION FOR EMPLOYMENT

PERSONAL	FULL NAME - LAST <i>(Please Print)</i>		FIRST	MIDDLE	DATE	SOCIAL SECURITY NO.		
	PRESENT ADDRESS - STREET <i>(If R.F.D. or P.O. Bx, give street or road name)</i>			CITY	STATE	ZIP	HOW LONG	TELEPHONE NO.
	PREVIOUS ADDRESS - STREET <i>(If R.F.D. or P.O. Bx, give street or road name)</i>		CITY	STATE	ZIP	HOW LONG		
POSITION APPLIED FOR	WHAT POSITION ARE YOU APPLYING FOR?			WHAT OTHER POSITIONS WOULD YOU CONSIDER?				
	WHEN CAN YOU START?	SALARY DESIRED	WILLING TO WORK SHIFTS? WHICH?		WILLING TO WORK OVERTIME?		WILLING TO WORK SAT. & SUN.?	
			<input type="checkbox"/> DAYS	<input type="checkbox"/> EVENINGS	<input type="checkbox"/> NIGHTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	DO YOU HAVE ADEQUATE MEANS OF TRANSPORTATION TO WORK?			WILLING TO WORK?				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL-TIME		<input type="checkbox"/> PART-TIME	<input type="checkbox"/> OTHER _____	
GENERAL	LIST RELATIVES WHO NOW WORK AT THE HOSPITAL							
	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?				DATE OF BIRTH, IF UNDER 18			
	<input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION OR DO YOU HAVE ANY CHARGES PENDING?			IF YES, WHAT WAS THE CHARGE? <i>(A conviction record will not necessarily bar employment. All factors will be taken into account.)</i>					
			<input type="checkbox"/> YES <input type="checkbox"/> NO					
EDUCATION	CIRCLE HIGHEST GRADE COMPLETED IN EACH CATEGORY	GRADE SCHOOL 1 2 3 4 5 6 7 8	HIGH SCHOOL 1 2 3 4	COLLEGE 1 2 3 4	GRADUATE SCHOOL 1 2 3 4	BUSINESS OR VOCATIONAL SCHOOL 1 2 3 4		
	NAME OF SCHOOL	LOCATION		DATES ATTENDED		MAJOR		DEGREES OR DIPLOMA RECEIVED
				FROM	TO			
	HIGH SCHOOL(S)							
	BUSINESS OR TECHNICAL SCHOOL(S)							
	COLLEGE(S) OR UNIVERSITY							
	GRADUATE SCHOOL(S)							
	CORRESPONDENCE SCHOOL(S)							
	ARE YOU PRESENTLY ENROLLED IN SCHOOL?	IF YES, WHERE AND WHAT COURSES ARE YOU TAKING?						
	<input type="checkbox"/> YES <input type="checkbox"/> NO							
ARE YOU FLUENT IN ANY FOREIGN LANGUAGE?			BUSINESS MACHINES YOU CAN OPERATE			TYPING SPEED	SHORTHAND SPEED	
<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE Language _____						WPM	WPM	
PLEASE CHECK IF YOU ARE CERTIFIED IN ANY OF THE FOLLOWING:								
<input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> IV THERAPY <input type="checkbox"/> OTHER _____								
ARE YOU REGISTERED OR LICENSED FOR ANY PROFESSION, SKILL OR TRADE _____ FOR WHAT?								
LICENSE NO.	STATE		YEAR ATTAINED		EXPIRATION DATE			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

MILITARY SERVICE

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

BRANCH OF SERVICE _____

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING _____

PERIOD OF ACTIVE DUTY *(Month & Year)*

FROM _____ TO _____

RANK AT DISCHARGE _____

DATE OF FINAL DISCHARGE _____

LIST LAST PLACE FIRST

Name _____

Address _____

Employed from _____ (Date) to _____ (Date)

Type of Work _____

Reason for Leaving _____

Name _____

Address _____

Employed from _____ (Date) to _____ (Date)

Type of Work _____

Reason for Leaving _____

Name _____

Address _____

Employed from _____ (Date) to _____ (Date)

Type of Work _____

Reason for Leaving _____

PERSONAL REFERENCES:

Give the names and addresses of three persons **WHO ARE NOT RELATED TO YOU**, but who can provide personal reference. Include phone numbers if possible.

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Employment History

The information provided in the application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

The hospital does require a pre-employment health examination which include, but is not limited to, a drug and alcohol test. Failure to successfully pass the pre-employment health examination prohibits the commencement of employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

FOR HOSPITAL USE ONLY

Date Employed _____

Compensation Quoted _____

Department _____

Position _____

Shift _____

Physical Handicap _____

Appearance _____

Impression _____

Signature of Interviewer