





**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		<b>DATES EMPLOYED</b>		<b>WORK PERFORMED</b>
		<b>FROM</b>	<b>TO</b>	
Address				
Telephone Number(s)		<b>HOURLY RATE SALARY</b>		
		<b>STARTING</b>	<b>FINAL</b>	
Job Title	Supervisor			
Reason For Leaving				
Employer		<b>DATES EMPLOYED</b>		<b>WORK PERFORMED</b>
		<b>FROM</b>	<b>TO</b>	
Address				
Telephone Number(s)		<b>HOURLY RATE SALARY</b>		
		<b>STARTING</b>	<b>FINAL</b>	
Job Title	Supervisor			
Reason For Leaving				
Employer		<b>DATES EMPLOYED</b>		<b>WORK PERFORMED</b>
		<b>FROM</b>	<b>TO</b>	
Address				
Telephone Number(s)		<b>HOURLY RATE SALARY</b>		
		<b>STARTING</b>	<b>FINAL</b>	
Job Title	Supervisor			
Reason For Leaving				
Employer		<b>DATES EMPLOYED</b>		<b>WORK PERFORMED</b>
		<b>FROM</b>	<b>TO</b>	
Address				
Telephone Number(s)		<b>HOURLY RATE SALARY</b>		
		<b>STARTING</b>	<b>FINAL</b>	
Job Title	Supervisor			
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper.

**LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.**  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


**ADDITIONAL INFORMATION:**

**OTHER QUALIFICATIONS:**  
Summarize special job-related skills and qualifications acquired from employment or other experience


**LIST SPECIALIZED SKILLS: (Be specific)**

Computer Skills (Hardware and Software):	Production / Mobile Machinery:	Other:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**State Any Additional Information You May Feel May Be Helpful to Us in Considering Your Application:**


Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES    NO

**PROFESSIONAL REFERENCES:**

Give name, title, company and telephone number of three *professional* references:

1.	_____ Name	(     ) Phone Number	_____ Title
	_____ Company	_____ Address	
2.	_____ Name	(     ) Phone Number	_____ Title
	_____ Company	_____ Address	
3.	_____ Name	(     ) Phone Number	_____ Title
	_____ Company	_____ Address	

**HOW DID YOU LEARN ABOUT US?**

Advertisement    Friend    Walk-In    Employment Agency    Relative    Other: \_\_\_\_\_

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified, disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified, handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

**APPLICANT’S STATEMENT:**

I certify that answers given herein are true and complete. In the 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.

I understand that all job offers are contingent upon the review of references, background checks, OIG Excluded Providers, and other relevant information. Any misleading or incorrect statements, omissions or failure to disclose any health care related criminal conviction or any threatened or actual debarment, exclusion or other ineligibility of participation in federally funded health care programs may remove this application from further consideration for employment and, if employed, may be cause for termination.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize my former employers and others to furnish their records of my service, my reason for leaving their employment, together with all information they may have concerning me. I also release any individual, partnership or corporation which formerly employed me, its officers, agents and employees from any liability for any damage, whatsoever, for issuing such information. Additionally, I hereby authorize any schools, colleges, or institutions of education I have attended to furnish their records or transcripts of my grades, honors, and achievements they may have concerning me. I also release any individual, school or institution, its officers, agents and employees from any liability for any damage, whatsoever, for issuing such information.

This application for employment shall be considered active for a period of time not to exceed six months. 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.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract. I understand and agree that if employed by Oakes Community Hospital such employment is terminable “*at will*”, i.e., I and the employer have the right to terminate the employment relationship at any time and for any reason. I also understand that no manager, supervisor or representative of the employer, other than the president, has any authority to enter into any agreement for the employment, either orally or in writing, or to make any promises contrary to the foregoing. Furthermore, I understand that any such employment agreement will be reduced to a formal, written document.

---

Signature of Applicant

---

Date

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY:**

Arrange Interview:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No Date of Employment: \_\_\_\_\_ Hourly Rate / Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title \_\_\_\_\_ Date \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY:**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**--DO NOT WRITE BELOW THIS LINE--**

**REFERENCE CHECKS**

**(List Sources)**

1.

2.

3.

**RESULT OF REFERENCE CHECKS**

1.

2.

3.

FACIS Completed:  Yes  No Signature: \_\_\_\_\_

# Oakes Community Hospital

## AUTHORIZATION FOR RELEASE OF REFERENCE INFORMATION

I hereby authorize Oakes Community Hospital to investigate my past employment record and character for the purpose of evaluating me for possible employment. I further release employers/schools and other references which I have provided from any and all liability for the furnishing of such information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please verify job title and dates of employment.

Job Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Is applicant eligible for rehire?  Yes  No If "no" please explain:

\_\_\_\_\_  
 \_\_\_\_\_

Please evaluate the applicant in the following areas:

Evaluation Areas	Excellent	Good	Fair	Poor
Performance				
Reliability				
Cooperation				
Quality of Work				
Attitude				
Relationship with peers				
Relationship with subordinates				
Relationship with supervisors				

Other comments (your comments are the most important part of this reference): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Title

2/07