

APPLICATION FOR EMPLOYMENT

Providence Medical Center
1200 Providence Road
Wayne, Nebraska 68787

- Documents Received:

 - Resume
 - Reference Checks
 - Interview Record
 - Payroll/Status Change Notice
 - Employee Record Card

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all position without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date: _____

Name _____
First Middle Last

Present Address _____
No. Street City State Zip

Previous Address _____
No. Street City State Zip

Telephone Number(_____) _____ Email address _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

Have you been convicted of a criminal offense? Yes No
 "A conviction is not an absolute bar to employment."

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____
 Full Time Part time _____ Hours/week Temporary Seasonal

Please check shift availability: Days Evening Nights
 After School Weekends Rotating Holiday's
 During School Breaks

Who referred you: _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1	COMPANY NAME	DATES WORKED		POSITION(S) HELD
		FROM	TO	
	ADDRESS, CITY, STATE, ZIP			
	PHONE NO.() TYPE OF BUSINESS	DUTIES / RESPONSIBILITIES		
	NAME OF SUPERVISOR	REASON FOR LEAVING		
BASE STARTING WAGE <input type="checkbox"/> HOUR ENDING				

2	COMPANY NAME	DATES WORKED		POSITION(S) HELD
		FROM	TO	
	ADDRESS, CITY, STATE, ZIP			
	PHONE NO.() TYPE OF BUSINESS	DUTIES / RESPONSIBILITIES		
	NAME OF SUPERVISOR	REASON FOR LEAVING		
BASE STARTING WAGE <input type="checkbox"/> HOUR ENDING				

3	COMPANY NAME	DATES WORKED		POSITION(S) HELD
		FROM	TO	
	ADDRESS, CITY, STATE, ZIP			
	PHONE NO.() TYPE OF BUSINESS	DUTIES / RESPONSIBILITIES		
	NAME OF SUPERVISOR	REASON FOR LEAVING		
BASE STARTING WAGE <input type="checkbox"/> HOUR ENDING				

4	COMPANY NAME	DATES WORKED		POSITION(S) HELD
		FROM	TO	
	ADDRESS, CITY, STATE, ZIP			
	PHONE NO.() TYPE OF BUSINESS	DUTIES / RESPONSIBILITIES		
	NAME OF SUPERVISOR	REASON FOR LEAVING		
BASE STARTING WAGE <input type="checkbox"/> HOUR ENDING				

WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	HOME PHONE	WORK PHONE

SPECIAL SKILLS

Please check the skills for which you have received training:

Word
 Excel
 Access
 Word Processing
 Data Entry
 WPM _____

Programming Languages: _____

Software Packages: _____

Database: _____

Manufacturing Equipment: _____

Other: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations, as many be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date