

SHENANDOAH MEDICAL CENTER EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, creed, color, religion, sex, national origin, sexual orientation, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ email: _____

Position desired: _____ Expected Salary: _____

How did you learn of this position? _____

Who do you know currently employed by SMC? _____

Have you applied here before? Yes No When? _____ Position applied for? _____

Can start when? _____ Full time Part time Temporary Other _____

Are you at least 16 years of age? Yes No

Are you a citizen of the United States of America or can you submit verification of your legal right to work in the U.S.? Yes No

EMPLOYMENT EXPERIENCE: Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names that indicate race, color, religion, sex, or national origin.

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

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EMPLOYMENT APPLICATION PART 2

EDUCATION

Schools/Colleges Attended: # Years Year Grad. Degree

Schools/Colleges Attended:	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications for this job:

Professional Status: Profession: _____ License #: _____

License Expiration Date: _____

Drivers License # _____ State _____ Expiration _____

Are you a veteran of the U.S. Military service? Yes No

Do you have a record of founded child or dependent adult abuse and/or have you ever been convicted of a crime? Yes No If yes, please explain: _____

Please feel free to attach your resume and/or any references that you wish to supply.

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this facility is required by law to check for any criminal or abuse record. I understand that this application is not intended to be a contract of employment and that any employment relationship between me and SMC is terminable at will. I understand I will be required to fulfill *all* aspects of any job if I am hired to perform the job. I understand that any offer of employment is conditional upon my successful completion of a drug test, background check, physical, and back evaluation. In the event of employment, I understand that I am required to abide by all SMC rules and understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

SHENANDOAH MEDICAL CENTER IS A TOBACCO FREE CAMPUS