

**Wishek Community Hospital**  
**EMPLOYMENT APPLICATION**  
**POSITION APPLIED FOR:**

Date of Application \_\_\_\_\_

PLEASE PRINT CLEARLY IN INK

PERSONAL					
LAST NAME			FIRST NAME		MID. INIT.
HOME ADDRESS		APT. #	CITY	STATE	ZIP CODE
TEL. NO. (AREA CODE)				IS YOUR AGE: UNDER 18      YES <input type="checkbox"/> NO <input type="checkbox"/>	
LIST ANY REASON KNOWN TO YOU WHY YOU MIGHT NOT BE ABLE TO PERFORM CONSISTENTLY AND PROMPTLY ANY OF THE DUTIES OF POSITION APPLIED FOR:					
DATE AVAILABLE		STARTING SALARY NEEDED			
WILL YOU ACCEPT SHIFT WORK		<input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU WORK		
WILL YOU ACCEPT WEEKEND WORK		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		
SOCIAL SECURITY NUMBER:					
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HAVE A FRIEND OR RELATIVE WORKING HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, GIVE DATE(S), OFFENSE(S) AND DISPOSITION:			NAME      DEPT.      RELATIONSHIP		

EMPLOYMENT HISTORY					
LIST MOST RECENT POSITION FIRST					
FROM Mo.      Yr.	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE NO.
TO Mo.      Yr.	ADDRESS      Street      City      State		POSITION HELD		ENDING SALARY _____ PER _____
Briefly describe the work you performed:					
Reason for leaving:					
FROM Mo.      Yr.	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE NO.
TO Mo.      Yr.	ADDRESS      Street      City      State		POSITION HELD		ENDING SALARY _____ PER _____
Briefly describe the work you performed:					
Reason for leaving:					
FROM Mo.      Yr.	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE NO.
TO Mo.      Yr.	ADDRESS      Street      City      State		POSITION HELD		ENDING SALARY _____ PER _____
Briefly describe the work you performed:					
Reason for leaving:					

EDUCATION							
SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED		COURSE OF STUDY	DID YOU GRADUATE	DIPLOMA DEGREE
ELEMENTARY				X	X	<input type="checkbox"/> YES	X
						<input type="checkbox"/> NO	
HIGH SCHOOL				X	X	<input type="checkbox"/> YES	X
						<input type="checkbox"/> NO	
TRADE						<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE						<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE						<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROFESSIONAL						<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS						<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER						<input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT THAT YOU OPERATE PROFICIENTLY:

**LANGUAGE SKILLS (where related to position sought)**

LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

**Professional Licenses, Registration and/or Certifications**

DO NOT INCLUDE DRIVERS LICENSE

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	ELIGIBLE

**APPLICANT'S CERTIFICATE**

I certify that all matters contained in this application are true and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I agree, if employed, to abide by all Wishek Community Hospital rules and regulations. I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time.

I hereby authorize Wishek Community Hospital to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.

I have read and understand the above.

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

POSITION HIRED FOR: \_\_\_\_\_  
 DATE HIRED \_\_\_\_\_ STARTING WAGE \_\_\_\_\_ PER \_\_\_\_\_  
 SCHEDULED HOURS \_\_\_\_\_ PER WEEK COST CENTER \_\_\_\_\_ EMPL. TYPE CODE \_\_\_\_\_  
 APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_



**PLEASE READ THIS CAREFULLY:**

Job offers at Wishek Hospital Clinic Association (WHCA) can only be extended by the Personnel manager or designated representative. ALL job offers are conditional awaiting the completion and results of reference checks; certification of educational credentials and work experience; and, if required, a medical examination.

After making a conditional job offer and before an individual starts work, we may conduct a medical examination or ask health-related questions; ALL candidates who receive a conditional job offer, in the same job category, are required to take the same examination and/or respond to the same inquiries. We do not make any pre-employment inquiry about a disability, or about the nature or severity of the disability on application forms, in job interviews, or in background or reference checks. If an applicant has a known disability that might interfere with or prevent performance of job functions, that applicant may be asked to describe or demonstrate how these functions will be performed, with or without an accommodation, even if other applicants are not asked to do so. Wishek Hospital Clinic Association is an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, veteran's status, or disability.

I certify that I have carefully read the narrative portions of this application; I understand them, and that if I had any questions I have asked them of the Personnel Manager of WHCA who has answered them to my understanding.

By signing my signature below, I certify that I have carefully completed this application and that all the information is true to the best of my knowledge and belief. My signature below will further acknowledge my understanding that all employees of WHCA are employed at the will of WHCA, and their employment relationships may be terminated at any time, without prior notice and for any reason; that any representations to the contrary are not binding upon WHCA.

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

\*Unsigned applications are not kept on file and are discarded.