



APPLICATION FOR EMPLOYMENT

DATE: _____

Our application form is used to evaluate your education, qualifications, and work experience as related to the position you are applying for. Complete all sections of this application form. False or misleading information on this application, during the interview, or after offer of employment will result in disqualification of your application and/or immediate termination. Please notify the person that gave you the application form if you need any assistance in filling out the application form or have questions regarding the employment process. Every effort will be made to accommodate your needs in a reasonable amount of time.

Hillsboro Community Hospital is a Tobacco Free Campus. Tobacco use of any type is prohibited at any time on HCH property. If you are employed with Hillsboro Community Hospital, can you comply with HCH's Tobacco Free Campus Policy? _____

Qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or disabilities.

P E R S O N A L	LAST NAME			FIRST			MIDDLE				
	STREET ADDRESS						TELEPHONE				
	CITY, STATE, ZIP						SOCIAL SECURITY #				
	POSITION DESIRED				HOW DID YOU HEAR ABOUT THIS POSITION? (Newspaper, Website, Friend, HCMC Employee)						
	SHIFT PREFERRED			PART-TIME		OR		FULL-TIME		WHEN COULD YOU BEGIN WORK	
	HAVE YOU WORKED AT HCMC/HCH BEFORE ? IF SO, WHEN						REASON FOR LEAVING				
	ARE YOU RELATED TO ANYONE AT HCMC? IF SO, PLEASE GIVE NAMES AND HOW THEY ARE RELATED:										
	HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, PLEASE EXPLAIN:										
	LIST EXPERIENCE OR TRAINING THAT WOULD SPECIFICALLY QUALIFY YOU FOR THE POSITION DESIRED:										

E D U C A T I O N	Schools Attended	Name of School City, State	Major/Degree/ Certification	Did You Graduate?	
	High School				
	College				
	Trade/Vocational				

EMPLOYMENT

List below current and former employers starting with the most current:

1	COMPANY NAME	TELEPHONE (Required)
	ADDRESS	DATES EMPLOYED
	JOB TITLE AND DUTIES	REASON FOR LEAVING
	NAME OF SUPERVISOR	

2	COMPANY NAME	TELEPHONE(Required)
	ADDRESS	DATES EMPLOYED
	JOB TITLE AND DUTIES	REASON FOR LEAVING
	NAME OF SUPERVISOR	

3	COMPANY NAME	TELEPHONE (Required)
	ADDRESS	DATES EMPLOYED
	JOB TITLE AND DUTIES	REASON FOR LEAVING
	NAME OF SUPERVISOR	

4	COMPANY NAME	TELEPHONE (Required)
	ADDRESS	DATES EMPLOYED
	JOB TITLE AND DUTIES	REASON FOR LEAVING
	NAME OF SUPERVISOR	

5	COMPANY NAME	TELEPHONE (Required)
	ADDRESS	DATES EMPLOYED
	JOB TITLE AND DUTIES	REASON FOR LEAVING
	NAME OF SUPERVISOR	

Provide here any statements or added information that you feel would better your application or make us more aware of your abilities, desires or circumstances:

Give three references who are not relatives or a previous employer:

1	NAME	
	ADDRESS	
	OCCUPATION	TELEPHONE (Required)

2	NAME	
	ADDRESS	
	OCCUPATION	TELEPHONE (Required)

3	NAME	
	ADDRESS	
	OCCUPATION	TELEPHONE (Required)

If you are applying for an RN, LPN, CMA, CNA or other position requiring a license or registration number, please complete the following.

License Number:	Expiration Date:
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I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize Hillsboro Community Hospital and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicants who have been offered a position with Hillsboro Community Hospital must submit to a drug screen, complete physical, and criminal history background check prior to their first day on the job. All expenses incurred in the drug testing, physical exam, and background check will be the responsibility of Hillsboro Community Hospital.

Applicant Signature

Date