



Hazel Hawkins

MEMORIAL HOSPITAL

APPLICATION FOR EMPLOYMENT

We appreciate your interest in Hazel Hawkins Memorial Hospital. The Hospital is an equal employment opportunity, and an "at-will" employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, ancestry, sex (including pregnancy, breastfeeding, childbirth and related medical conditions), gender, gender identity or expression, religion, religious creed, national origin, age (40 and over), physical or mental disability, medical condition, genetic information, sexual orientation, marital status, military or veteran status, political affiliation, status as a victim of sexual assault, domestic violence or stalking, or any other basis protected by applicable federal, state, or local laws. The Hospital also prohibits harassment of applicants or employees based on any of these protected categories.

GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Location		Today's Date		Position Applying For	
Name (Last)		(First)	(Middle)	Minimum Salary Desired	Date Available for Work
Street Address			Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Email Address		
City	State	Zip		Telephone (Home)	Telephone (Cell)
				() -	() -
Have you previously applied for a position? Yes No			Are you available to work overtime as needed?		
Have you worked for the Hospital, in any of our locations, either as an employee or through an employment agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain when and, if employed, in what capacity:			If yes, are you available weekdays? weekends?		
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have any relatives now employed at the Hospital? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.)		
If yes, please provide the other name(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, state name(s) and where they are located.		

PERMISSION TO WORK

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? Yes No



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REFERRAL INFORMATION

How did you learn about the Hospital?

- Employment Agency (state name): _____
 School (state name): _____
 Reputation of Firm _____
 Newspaper ad (name of paper): _____
 Referral (state name): _____
 Other: _____

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Monthly Wages (Optional) Start Last
	Job Title, and Work Responsibilities	Reason for Leaving:
	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Monthly Wages (Optional) Start Last
	Job Title, and Work Responsibilities	Reason for Leaving:



Hazel Hawkins

MEMORIAL HOSPITAL

Company Name	Telephone () -
Address	Employed (Month and Year) From To
Name, Title, and Phone Number of Supervisor	Monthly Wages (Optional) Start Last
Job Title, and Work Responsibilities	Reason for Leaving:

(Employment record continued on next page.)

Company Name	Telephone () -
Address	Employed (Month and Year) From To
Name, Title, and Phone Number of Supervisor	Monthly Wages (Optional) Start Last
Job Title, and Work Responsibilities	Reason for Leaving:



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MEMORIAL HOSPITAL

WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Monthly Wages (Optional) Start Last
	Job Title and Work Responsibilities	Reason for Leaving:

Please explain any gaps in your employment _____

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity



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EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

JOB-RELATED SKILLS AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:



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ADDITIONAL EMPLOYMENT INQUIRIES

If applying for a position that will include driving:

Driver's License Information: State: _____ Number: _____ Expiration Date: _____

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

If hired, you may be required to provide proof of insurance coverage.

Emergency Contact Person

Name: _____ Phone Number: _____



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CRIMINAL HISTORY INFORMATION

BEFORE answering the following question, please read the Instructions below:

Do NOT identify a record of any adult or juvenile arrest, detention or conviction that has been sealed, expunged, annulled, erased, pardoned or statutorily eradicated, set aside or otherwise dismissed by court order.

Do NOT identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away of up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana. Also, do not identify any arrest or detention that did not result in a conviction or any record of a referral to, and participation in, any pretrial or post-trial diversion program.

Please note that answering "Yes" to this question will not automatically bar you from employment.

Have you ever been convicted of or pled guilty or no contest to a crime?

Yes No

If you answered "Yes," please provide the following additional information:

Nature of offense: _____

Misdemeanor Felony

Year of conviction: _____

County: _____ State: _____

If you have more than one conviction, please use additional paper to provide the information requested above.

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I understand that Hazel Hawkins Memorial Hospital is an "At-Will" employer. This means that during the course of employment with Hazel Hawkins Hospital, employees are free to terminate their employment with Hazel Hawkins Hospital at any time, with or without a reason, and Hazel Hawkins Hospital has the right to terminate employees at any time, with or without a reason. Although, Hazel Hawkins Hospital may choose to terminate an employee for cause, a cause is not required.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Hospital, I **will be an at-will employee**, unless otherwise notified in writing, meaning that either the Hospital or I may end the employment relationship at any time with or without cause or notice. I understand that only the Vice President Human Resources of the Hospital, and no manager, supervisor, or other representative of the Hospital, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the Vice President Human Resources, any such agreements must be in writing and signed by the Vice President Human Resources and by me or my authorized representative.

Initial: _____ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Hospital.

Initial: _____ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: _____ I understand that the Hospital may share the information contained in this application with other Hospital employees for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I hereby authorize, to the extent allowed by applicable federal state and local laws, the Hospital to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Hospital information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure. In addition, I hereby release the Hospital, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial: _____ I understand and expressly agree that if employed by the Hospital, storage areas provided for me (locker, desk, etc.) are open to investigation by the Hospital without prior notice to me.

Initial: _____ I agree to undergo a pre-employment physical examination consistent with federal and state law.

Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from the Hospital and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result.

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

Effective August 16, 2021, Hazel Hawkins Memorial Hospital requires all new hires, both clinical and non-clinical, to receive a complete series of the COVID vaccine as a condition of their employment. A complete series consists of one (1) dose of Johnson & Johnson or two (2) doses of either Pfizer or Moderna. Applicants have the option to submit a religious or medical declination request for the COVID vaccine. If the declination is accepted, employees will be required to complete COVID testing twice per week.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Hospital and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

APPLICANT'S SIGNATURE

DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.