



# APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

We comply with applicable state and federal requirements concerning employment of handicapped persons. McCurtain Memorial does not discriminate on the basis of race, color, national origin, age, handicap, sex, creed or religion.

Position Desired: \_\_\_\_\_ Salary required: \_\_\_\_\_ Date Available: \_\_\_\_\_  
 Unit Desired: \_\_\_\_\_ Available Days? \_\_\_\_\_ Evenings? \_\_\_\_\_ Nights? \_\_\_\_\_  
 Hours Desired: Full Time  Part Time  PRN  What days/hrs are you NOT available? \_\_\_\_\_  
 Are you seeking short term or long term employment? \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ 2nd Telephone #: \_\_\_\_\_

Are you a U.S. Citizen or do you have a current alien registration card? \_\_\_\_\_  
 How were you referred: \_\_\_\_\_ Foreign languages spoken: \_\_\_\_\_  
 Names of friends or relatives employed by McCurtain Memorial Hospital \_\_\_\_\_  
 Have you previously worked for McCurtain Memorial Hospital? Yes  No  When: \_\_\_\_\_  
 Have you ever been convicted of a misdemeanor or a felony under any name? Yes  No   
 If Yes, please explain: \_\_\_\_\_

Education Level	Name and Location of School	From Mo / Yr.	To Mo / Yr.	Degree or Diploma	Major
High School					
College					
Nursing Diploma					
Technical or Business College					
Military Education					
Other					



## Pre-Employment Certification - READ CAREFULLY

I agree to conform to the Hospital's rules, regulations, and instructions as made known to me at the time of employment or subsequent time. I also agree to conform to the requirements concerning physical fitness and to permit medical examinations by a physician before employment.

I voluntarily give McCurtain Memorial Hospital the right to make a thorough investigation of my past employment and activities and agree to cooperate in such investigations within the limitations as indicated above. In making application or employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

McCurtain Memorial Hospital must operate 24 hours a day, seven days a week. Therefore, the express conditions of my employment are that I will work such call time, rotation shifts, and hours, including evening and night hours and shifts, I will work Saturdays, Sundays, and holidays when scheduled, and will work such overtime in accordance with existing state laws, as I am scheduled to work by the Hospital.

I further agree that I will work where assigned by the Hospital and perform the tasks assigned to me by the Hospital. I understand that I may be moved to different locations, assignments, and departments from time to time as needed to meet Hospital staffing needs and requirements. My failure to do so will subject me to immediate dismissal by the Hospital.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of the Hospital's current policies.

I further understand and agree that my employment by McCurtain Memorial Hospital is at the pleasure of the hospital with no definite term and that I have no other contract with the hospital. I understand and agree that McCurtain Memorial Hospital may terminate my employment at any time with or without cause and with or without notice. Any representation to the contrary is void.

I consent and agree to be tested for drugs or alcohol before employment and at any time thereafter by McCurtain Memorial Hospital. I further consent that McCurtain Memorial Hospital may conduct unannounced searches of lockers, desks and other areas I may use from time to time and seize any drugs, alcohol, guns or other items not required in the performance of my duties. If at any time I test positive for drugs I understand and agree that I will not be employed, or if an employee, will be immediately dismissed. I understand that the Hospital reserves the right to require its employees to take polygraph examinations (except where prohibited by law) or to allow inspection of bags (including purses or brief-cases) or parcels brought into or taken out of the Hospital. I understand that refusal to submit to a polygraph examination, (drug test urinalysis, blood test or search), when requested to do so, may result in termination of my employment.

I understand that employment at McCurtain Memorial Hospital is contingent upon patient load and work availability. Therefore, even though I may be classified as a full time employee there is no assurance that I will work 40 hours per week and there may be times when it will be necessary for McCurtain Memorial Hospital to reduce my hours of work or give me days off without pay because of low occupancy and/or work load; I will comply with this request.

I certify that all statements contained in this application are true and understand that misrepresentation shall be considered sufficient cause for dismissal, even if discovered at a later date. I have read, understand, and agree to all these conditions.

I hereby consent to and authorize any of my former employers to furnish any and all relevant information concerning my previous employment record. I release all parties connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information.

Signature

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*Applicant - do not write on the page*

Appearance: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Acceptable \_\_\_\_\_  
Qualifications: Experience: \_\_\_\_\_ Years: \_\_\_\_\_ Type of Jobs Performed: \_\_\_\_\_  
Education: \_\_\_\_\_  
Knowledge: \_\_\_\_\_  
Attitude: \_\_\_\_\_  
Personality: \_\_\_\_\_

Comments: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Employed? \_\_\_\_\_  
Date to start work: \_\_\_\_\_ Job Title: \_\_\_\_\_ Job No. \_\_\_\_\_ Salary per hr. \_\_\_\_\_  
N. Diff. \_\_\_\_\_  
Shift: \_\_\_\_\_ To be paid Salary Rate  or Hourly   
Full-Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Call Time \_\_\_\_\_

\_\_\_\_\_  
Department Head's Signature

COMMENTS: \_\_\_\_\_