



# Calhoun Liberty Hospital

## Employment Application

It is our policy to recruit, hire, and promote for all jobs on the basis of merit, qualification and competence. This applies to all categories of employment, such as managerial, professional, technical, and all other staff. Calhoun Liberty Hospital does not discriminate on the basis of a protected class or race, color, national origin, marital status, religion, sex, age sexual orientation, or disability. The company will comply with its legal obligation to provide reasonable accommodation to qualified disabled applicants. All employment decisions will be made solely upon the basis of the individual's qualification as related to the requirements of the position being filled.

### Personal Data

Name		Social Security Number	
Other name(s) under which you have been employed			
Address		City	State Zip
Phone Number:			
Emergency Contact: Name		Phone Number:	
Name(s) of relative(s) employed by CLH		Name: Relationship:	Position:
Are you 18 years of age or older? ( ) yes ( ) no			
Were you previously employed by us? ( ) yes ( ) no		If yes, when:	
Name of facility:		Position Held:	
If hired, can you furnish proof that you are either a citizen of the United States or legally permitted to work in the United States? Type of Visa:		( ) yes ( ) no	
Have you ever been convicted of a crime other than minor traffic violations? (existence of a criminal record does not constitute an automatic bar to employment)		( ) yes ( ) no	
If yes, Explain:			
Do you speak languages other than English? ( ) yes ( ) no (Be Specific):			

### Employment Interests

Position desired or area of interest:	
Second Choice:	Shift Choice: ( ) 1 <sup>st</sup> ( ) 2 <sup>nd</sup> ( ) 3 <sup>rd</sup>
Type of employment you are seeking: ( ) Full Time ( ) Part Time ( ) PRN ( ) Temporary	Date Available for work

### Referral Source

How were you referred to us? ( ) Employee Referral:	(Name of referring employee)
( ) Newspaper/Magazine Advertisement: Source:	( ) other ( ) web site

### Education

School or Institution	Address of School	Did you Graduate	Degree
High School		( ) yes ( ) no	
College		( ) yes ( ) no	
College		( ) yes ( ) no	
Professional Trade School		( ) yes ( ) no	

## Employment History

Are you presently employed? <input type="checkbox"/> yes <input type="checkbox"/> no	May we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been terminated? <input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever been a member of the armed forces of the United States? <input type="checkbox"/> yes <input type="checkbox"/> no

*Please list your previous employers, starting with current or most recent employer.*

Employer Name (current or most recent)	Phone	
Address City / State / Zip	Job Title	
Immediate supervisor		
Job duties (Please Explain)		

Dates of Employment From:    /    /    To:    /    /	Salary: \$            Per: hr / mo. ( ) Full Time ( ) Part Time	Reason for Leaving	
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Employer Name (current or most recent)	Phone	
Address City / State / Zip	Job Title	
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Job duties (Please Explain)		

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## Office Skills ( Non-Clinical)

Typing	WPM	Office Equipment used:
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Computer Skills:

Other job related skills (shorthand, data entry, etc.)

## Licensure / Certification

Are you now licensed or registered in your profession? <input type="checkbox"/> yes <input type="checkbox"/> no	State(s) where licensed or registered:
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License or registration number(s):	IF not, have you applied? <input type="checkbox"/> yes <input type="checkbox"/> no
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If you are seeking a Nursing Assistant position, are you certified? ( ) yes ( ) no	If yes, which state are you certified	Exp. Date(s)
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IV certification <input type="checkbox"/> yes <input type="checkbox"/> no	BLS <input type="checkbox"/> yes <input type="checkbox"/> no
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ACLS <input type="checkbox"/> yes <input type="checkbox"/> no	PALS <input type="checkbox"/> yes <input type="checkbox"/> no
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## Clinical Skills

*(Clinical skills to be completed only by LPN's and RN's)*

**Years of experience in the following setting: (fill in the number of years)**

Acute Hospital			Private Practice	
Rehab Hospital / Unit			Outpatient / Community re-entry	
SNF Rehab / Longterm Care		Other (be specific)		
Home Health		Other (be specific)		
Emergency Room		Other (be specific)		
Critical Care				
Nursing Home			Total Years of professional experience	

## References

*Please list the names, titles and phone number of at least three (3) professional references with whom you have worked.*

Name	Title	Phone
		(   )
		(   )
		(   )

## Disclosure

This application is submitted with the understanding that subject to applicable state or federal laws, a medical examination, including drug testing may be required. If required, I agree to submit to a medical examination, including drug testing.

I certify that the answers given by me in this application are correct and without omissions. If I am hired, and the Company later discovers that anything contained in this application is untrue, I understand that I will be subject to dismissal. I authorize the Company to investigate the foregoing, and any other information which might assist the Company in determining my qualifications for employment. I release the Company, my former employers, education institutions, and references from any liability for damage which may result from any such investigations. I understand that Calhoun Liberty Hospital reserves the right to conduct pre- and post-employment drug screening and that I may be subject to testing, subject to applicable state and federal laws. I understand that Calhoun Liberty Hospital is authorized to obtain a criminal record check as required by state law.

I understand that all employment with the Company is not for any specific period of time. I further understand that if I become employed by the Company, my employment will be terminable by either

Documentation of eligibility to work in the United States will be required in compliance with the Immigration Reform Act of 1986.

I have read, understand and agree to the above.

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

## DO NOT WRITE BELOW THIS LINE

Hiring Location	First Day of Work	
Job Title		
Rate of pay \$	per (   ) hour (   ) month	Status: (   ) Full Time (   ) Part Time (   ) PRN (   ) Temp