



A TALLAHASSEE MEMORIAL HEALTHCARE AFFILIATE

2022

## **APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

*We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants are given equal opportunity, and that selection decisions be based on job related factors.*

Answer each question **fully and accurately**.

**No action can be taken on this application until you have answered ALL questions.** Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on this application. In reading and answering the following questions, you are aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Today's Date \_\_\_\_\_ Position Applying for: \_\_\_\_\_

If this is a professionally licensed position, please provide the following:

License # \_\_\_\_\_

Are there now, or have there ever been any sanctions against your license? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Type of Employment you are seeking: Full-Time \_\_\_\_\_ PRN (as needed) \_\_\_\_\_

Date available for employment: \_\_\_\_\_ Do you smoke? \_\_\_\_\_

\_\_\_\_\_  
(Last Name) (First Name) (MI) (Telephone Number)

Email address: \_\_\_\_\_

\_\_\_\_\_  
(Present Street Address) (City) (State) (Zip Code)

Are you 18 years of age or older? Yes \_\_\_ No \_\_\_

If hired, can you submit proof of age? Yes \_\_\_ No \_\_\_

If hired, can you submit proof of eligibility to work in the US? Yes \_\_\_ No \_\_\_



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Have you ever applied at CLH before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Have you ever been employed at CLH before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Have you ever been arrested for **any** law violation, (not to include **minor** traffic violations)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details:

\_\_\_\_\_  
(A 'yes' answer does not automatically disqualify you from employment since the nature of the offense; date and job you are applying for are also considered.)

Are you currently employed? Yes \_\_\_ No \_\_\_ If so, where? \_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain your concern: \_\_\_\_\_

How many days of work have you missed during the past year? \_\_\_\_\_

**For Driving Jobs Only:**

Do you have a valid FL Driver's License? Yes \_\_\_ No \_\_\_

DL# \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last three (3) years?

Yes \_\_\_ No \_\_\_ If yes, give details: \_\_\_\_\_

List any professional, trade, business or civic activities and offices held. (Exclude Labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.) \_\_\_\_\_

**EDUCATION (please list all that apply)**

School/University	What years did you attend? (example 2002-2004)	Certification/Diploma/Degree Received



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What skills or additional training do you have that relate to the job you're applying for?  
\_\_\_\_\_

What machinery and/or equipment can you operate that might relate to the job for which you are applying? \_\_\_\_\_

Have you ever worked or attended school under another name? Yes \_\_\_ No \_\_\_

If yes, please give name(s): \_\_\_\_\_

## Employment History

### Current or Most Recent Former Employer

Name of Business \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_

Beginning rate of pay: \_\_\_\_\_ Current or ending rate of pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

### Previous Employer

Name of Business \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_

Beginning rate of pay: \_\_\_\_\_ Rate of pay at departure: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_



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Previous Employer

\_\_\_\_\_  
Name of Business                      Address                      Phone #                      Supervisor

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_

Beginning rate of pay: \_\_\_\_\_ Rate of pay at departure: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**References:** Please list three references (**do not list relatives**)

Name	Length of time this individual has known you	Email or mailing address	Personal or Professional Reference

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

*I certify that all information provided in this employment application is true and complete. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my dismissal, if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting and/or law enforcement agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand that I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency, so that I may obtain a complete disclosure of the nature and scope of the investigation.*

*I authorize the investigation and any and all statements contained in this application. I also authorize whether listed or not, any person, school, currently employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that I may be required to successfully pass a drug screening examination. I hereby, consent to a pre, post and/or random employment drug screen, as a condition of employment if required.*

*I understand that this application or subsequent employment, does not create a contract of employment, nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause, and with or without notice.*

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