

# Highland Medical Center

Please print in ink (preferably black) or use typewriter

An Equal Opportunity Employer

Number of attachments \_\_\_\_\_

## Application for Employment

Current employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling Community Care Network of Virginia.

1. Position applied for \_\_\_\_\_  
(one per application)

2. Date \_\_\_\_\_

3. Social Security No. \_\_\_\_\_

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name \_\_\_\_\_  
Last First Middle

6. Home Phone ( ) \_\_\_\_\_

5. Address \_\_\_\_\_

7. Business Phone ( ) \_\_\_\_\_

City State Zip

### 8. EDUCATION

- a. Highest grade completed \_\_\_\_\_
- b. If you did not complete high school, do you have a high school equivalency diploma? No Yes
- c. Number of years of post high school education \_\_\_\_\_

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor
1. _____				
2. _____				
3. _____				

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

9. **EXPERIENCE** — Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? No Yes

a. **Job** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full-time Part-time Hours/week \_\_\_\_\_  
Number and titles of employees you supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

b. **Job** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full-time Part-time Hours/week \_\_\_\_\_  
Number and titles of employees you supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_

e. Automated word processing (specify equipment)  
 Typing speed \_\_\_\_\_ words per minute. Shorthand speed \_\_\_\_\_ words per minute

f. License, certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

10. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone

11. **MISCELLANEOUS**

a. Check which job status you would accept: Full-time \_\_\_\_\_ Part-time (specify) \_\_\_\_\_  
 b. Check which employment status you'd accept: Salaried (benefits) \_\_\_\_\_ Hourly (with benefits) \_\_\_\_\_ Part-time hourly \_\_\_\_\_  
 c. Are you willing to travel for trainings? \_\_\_\_\_  
 If Yes, During the day only, \_\_\_\_\_ Occasionally overnight, \_\_\_\_\_ Frequently overnight \_\_\_\_\_  
 No \_\_\_\_\_ Yes \_\_\_\_\_  
 d. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? No \_\_\_\_\_ Yes \_\_\_\_\_  
 Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

12. When will you be available to start work? \_\_\_\_\_  
 (No date is necessary if you are available as soon as you give two (2) weeks notice.)

13. **CERTIFICATION**--*Each Application Requires Current Date and Original Signature*

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Highland Medical Center. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other entities on a need-to-know basis for good cause shown as determined by the Highland Medical Center Chief Executive Officer or designee. "I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."

"If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures."

"I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time."

"I understand that this application will be kept on active file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures."

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