



**APPLICATION FOR EMPLOYMENT**

Columbus Community Hospital is an equal opportunity employer. Columbus Community Hospital does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_Yes \_\_\_No

Are you 18 years or older? (If no, you may be required to provide authorization to work.) \_\_\_Yes \_\_\_No

First Preference _____	Second Preference _____
Hours You Are Available: From _____ To _____	Shift Preference: Day ___ Nights ___ Weekends ___
STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> PRN (as needed)	
Can You Work: Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No	on Call <input type="checkbox"/> Yes <input type="checkbox"/> No
Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No	Rotating Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No
Earliest Date You Are Available to Begin Work? _____	

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

**LICENSURE – CERTIFICATION – REGISTRATION INFORMATION**

Please list any professional licenses, registrations, or certifications which have been issued to you:

Name of License, Certification, Registration	State	Number	Expiration Date

Has your license, certification, or registration in this state or another state been suspended, limited, revoked or subjected to disciplinary action?  Yes  No

If yes, please explain:





CPR	BLS	ACLS	PALS
Expiration Date:	Expiration Date:	Expiration Date:	Expiration Date:

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

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Are you currently employed? \_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you ever been terminated from employment or asked to resign by an employer? \_\_\_Yes \_\_\_No

If yes, please provide company names and details \_\_\_\_\_

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

**REFERRAL SOURCE**

Have you ever worked for this company before? \_\_\_Yes \_\_\_No Explain \_\_\_\_\_

Do you know anyone who works for our company? \_\_\_Yes \_\_\_No If yes, who? \_\_\_\_\_



**REFERENCES**

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	How Known?
1			
2			
3			

***APPLICANT VERIFICATION***

I verify that all of the information provided by me on this application and in resumes and exhibits is true, correct and complete. I have not omitted any information requested by the Hospital. I understand that false, misleading, incomplete or omitted information will result in rejection of my application or termination from employment; whenever discovered.

Columbus Community Hospital may obtain a consumer report, in accordance with the Fair Credit Reporting Act, for each final applicant extended a conditional job offer. A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which the applicant applies.

I authorize the Hospital and its agents to confirm all information provided on this application, exhibits and resumes and to investigate my suitability for employment. I agree to provide additional information if requested. I release the Hospital, the agents and all persons or companies from any claims, liability or damages from obtaining or providing information about me. I understand that I may be provided separate disclosure and authorization forms for the Hospital to obtain consumer reports about me for employment purposes under the Fair Credit Reporting Act.

I understand that this application is not intended as a job offer or a contract of employment for any specific time period. If hired, my employment will not be for any specific time period and I may resign or be terminated at any time without notice or requirement of cause.

I understand that if hired, I will be required to complete a Federal I-9 form and provide verifying documents regarding my identity and ability to work in the United States.

Any conditional employment offer is subject to successful completion of all employment prerequisites, including, but not limited to, verifying employment/personal references, a criminal record check, and verifying licensure/registration and driving record (where applicable). Any conditional employment offer is subject to successful completion of a post-offer testing for the current illegal use of drugs. If I refuse to consent to the drug test, or produce a positive test result for the current illegal use of drugs, I will be ineligible for employment and any conditional employment offer will be withdrawn by the Hospital.

If hired, I shall comply with all policies, rules and procedures of Columbus Community Hospital.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

APPLICATION PROCEDURE: THE HOSPITAL CONSIDERS APPLICATIONS FOR SIX (6) MONTHS AFTER SUBMISSION. THE HOSPITAL DOES NOT INTERVIEW ALL APPLICANTS WHO APPLY FOR JOB POSITIONS. THOSE APPLICANTS TO BE INTERVIEWED WILL BE CONTACTED BY THE HOSPITAL. IF APPLICANTS DESIRE TO APPLY FOR POSITIONS NOT LISTED ON THEIR APPLICATION FORM, OR TO REAPPLY AFTER THEIR APPLICATION HAS BEEN ON FILE FOR SIX (6) MONTHS, THEY MUST SUBMIT A NEW APPLICATION.