



Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. South Arkansas Regional Health Center is an Equal Opportunity Employer.

Please Print

Date of Application: _____

Position (s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency
 Other

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Phone Number: _____ Social Security Number: _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No

Are you employed now? Yes No May we contact your present employer Yes No

Starting Salary: _____ Salary at Present Time: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work? _____

Are you available to work: Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
 (Conviction will not necessarily disqualify applicant from employment)

If yes, please explain: _____

Are you a Veteran of the U.S. Military Service? Yes No

Indicate the languages you speak, read, and/or write: (Please indicate Fluent, Good, or Fair)

	English	Spanish	Other:
Speak			
Read			
Write			

List professional, trade, business, or civic activities and offices held: (You may exclude those which indicate race, color, religion, sex, or national origin:

EDUCATION:

	Elementary	High	College University	Graduate/ Professional
School Name:				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree:				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application:

Employment Experience

Start with your present or last employer. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. (If you need additional space, please continue on a separate sheet of paper):

Dates Employed				
Employer:	Phone Number:	From:	To:	Work Performed:
Address:				
Job Title:				
Supervisor:				
Reason for Leaving:		Beginning	Salary	_____
		Ending	Salary	_____

Dates Employed				
Employer:	Phone Number:	From:	To:	Work Performed:
Address:				
Job Title:				
Supervisor:				
Reason for Leaving:		Beginning	Salary	_____
		Ending	Salary	_____

Dates Employed				
Employer:	Phone Number:	From:	To:	Work Performed:
Address:				
Job Title:				
Supervisor:				
Reason for Leaving:		Beginning	Salary	_____
		Ending	Salary	_____

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experience:

REFERENCES:

Please provide the following information of three references that are not related to you:

Name	Address	Phone Number

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

- Handicapped Individual
- Disabled Veteran
- Vietnam Era Veteran

Signature: _____ Date: _____

Disclaimer:

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information in my application or interview may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of this Company.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview (Circle): Yes No

Remarks: _____

Interviewer: _____ **Date:** _____

Employed (Circle): Yes No

Job Title: _____ **Hourly Rate/Salary :** _____

Department: _____ **Date of Hire:** _____

Signature: _____ **Date:** _____