

**SHENANDOAH MEDICAL CENTER
EMPLOYMENT APPLICATION**

Applications are considered for all positions without regard to race, creed, color, religion, sex, national origin, sexual orientation, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____

Position desired: _____ Expected Salary: _____

How did you learn of this position? _____

Who do you know currently employed by SMC? _____

Have you applied here before? Yes No When? _____ Position applied for? _____

Can start when? _____ Full time Part time Temporary Other _____

Are you at least 16 years of age? Yes No

Are you a citizen of the United States of America or can you submit verification of your legal right to work in the U.S.? Yes No

EMPLOYMENT EXPERIENCE: Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names that indicate race, color, religion, sex, or national origin.

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

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EMPLOYMENT APPLICATION PART 2

EDUCATION

Schools/Colleges Attended: # Years Year Grad. Degree

Schools/Colleges Attended:	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications for this job:

Professional Status: Profession: _____ License #: _____

License Expiration Date: _____

Drivers License # _____ State _____ Expiration _____

Are you a veteran of the U.S. Military service? Yes No

Do you have a record of founded child or dependent adult abuse and/or have you ever been convicted of a crime? Yes No If yes, please explain: _____

Please feel free to attach your resume and/or any references that you wish to supply.

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this facility is required by law to check for any criminal or abuse record. I understand that this application is not intended to be a contract of employment and that any employment relationship between myself and SMC is terminable at will. I understand I will be required to fulfill *all* aspects of any job if I am hired to perform the job. I understand that any offer of employment is conditional upon my successful completion of a drug test, background check, physical, and back evaluation. In the event of employment, I understand that I am required to abide by all SMC rules and understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

SHENANDOAH MEDICAL CENTER IS A TOBACCO FREE CAMPUS