



PERRY MEMORIAL HOSPITAL

Caring People. . .Caring For People

501 14th Street, Perry, OK 73077 Phone / 580-336-3541 Fax / 580-336-9802

www.pmh-ok.org

APPLICATION FOR EMPLOYMENT

**ALL APPLICANTS WHO RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT
WILL UNDERGO SUBSTANCE ABUSE TESTING**

Name _____ Telephone Number _____

Last First Middle

Address _____ City _____ Zip _____

Email: _____ Cell or Alternate Number _____

Position Applying For: _____

Preferred Shift: Days Type of Employment: Full Time Date Available: _____

Nights Part Time Salary/Hourly Rate Desired: _____

Other _____ Other _____ \$ _____

Will you be available to work weekends and holidays? Yes No

Are you willing to take call if necessary? Yes No

Are you legally eligible for employment in the United States? Yes No

(Proof of identity and employment eligibility will be required upon employment)

Have you ever worked for Perry Memorial Hospital before? Yes No Under what name? _____

Dates of Employment: From _____ To _____ In what position? _____

What was your reason for leaving? _____

Name of relative(s) & friend(s) employed by Perry Memorial Hospital _____ Department _____

How did you hear of the position (Newspaper, Web-Site, Friend, etc.) _____

Have you been discharged or asked to resign in the last five years? Yes No If yes, why? _____

Have you ever been convicted of a crime under any name? ** Yes No If yes, explain: _____

**Criminal convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.

EDUCATION:

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

PROFESSIONAL LICENSURES/CERTIFICATIONS:

Are you currently: Registered Licensed Certified
Are you eligible for: Registration Licensure Certification

If Licensed, Registered or Certified:

TYPE	STATE ISSUED	DATE	NUMBER

Has there ever been any action taken against your license? Yes No If yes, explain: _____

EMPLOYMENT EXPERIENCE: (Start with your current/most recent employer) if you need more space, please use back.

Employer	Telephone	<u>Dates Employed</u>	<u>Hourly Rate/Salary</u>	May we contact for reference?
_____	_____	From: _____	Starting: _____	<input type="checkbox"/> Yes
Address		To: _____	Final: _____	<input type="checkbox"/> No

Job Title	Supervisor/Title	Summarize the nature of work performed and job responsibilities:		
_____	_____	_____		
Reason for Leaving				

Employer	Telephone	<u>Dates Employed</u>	<u>Hourly Rate/Salary</u>	May we contact for reference?
_____	_____	From: _____	Starting: _____	<input type="checkbox"/> Yes
Address		To: _____	Final: _____	<input type="checkbox"/> No

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_____	_____	From: _____	Starting: _____	<input type="checkbox"/> Yes
Address		To: _____	Final: _____	<input type="checkbox"/> No

Job Title	Supervisor/Title	Summarize the nature of work performed and job responsibilities:		
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_____	_____	From: _____	Starting: _____	<input type="checkbox"/> Yes
Address		To: _____	Final: _____	<input type="checkbox"/> No

Job Title	Supervisor/Title	Summarize the nature of work performed and job responsibilities:		
_____	_____	_____		
Reason for Leaving				

Please explain any gaps in employment _____

SKILLS AND QUALIFICATIONS - Summarize any special training, skills, etc.

REFERENCES - List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

NAME	TELEPHONE	YEARS KNOWN

ACKNOWLEDGMENT AND RELEASE

I hereby understand and agree that any misrepresentation by me on this application will be sufficient cause for cancellation of this application. In the event of employment, I understand that any false or misleading information given in this application or interview(s) may result in discharge.

I hereby authorize Perry Memorial Hospital to investigate all references and to secure additional information about me, if job-related. I hereby release from liability Perry Memorial Hospital and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I hereby understand and acknowledge that any employment relationship with Perry Memorial Hospital is of an “*at will*” nature, which means that the Employee may resign at any time and Perry Memorial Hospital may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Perry Memorial Hospital.

I hereby understand it is the policy of Perry Memorial not to refuse to hire a qualified individual with a disability because of this person’s need for an accommodation that would be required by the ADA.

Perry Memorial Hospital is an Equal Opportunity Employer. Perry Memorial Hospital does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

I hereby understand that Perry Memorial Hospital may require a drug screening test as part of its selection and hiring process. I also understand that such drug screening will consist of taking urine, or other medically recognized test designed to detect traceable amounts of a controlled substance in my body; I hereby give my voluntary consent to Perry Memorial Hospital to administer any drug screening procedures to me and to use the results thereof in further determining my employment with this hospital. I understand that any positive result from such test, like any other pre-employment investigation, which indicates inability to satisfactorily perform the job for which I am applying may preclude my employment. Further, I understand my failure to execute this voluntary consent will result in my not being further considered for employment. If employed, I further agree to submit to a “reasonable cause” drug screening if requested of me at any time during my employment.

I hereby understand that that upon my hire date, I agree to abide by all federal, state, local, hospital-wide and department rules, regulations, policies and procedures.

I hereby understand that this application is good only for six months from today’s date. At the conclusion of this time, if I have not heard from Perry Memorial Hospital and still wish to be considered for employment, it will be necessary to fill out a new application.

I hereby acknowledge I have read the foregoing acknowledgment and release.

Date

Signature of Applicant

**PMH IS AN EQUAL OPPORTUNITY EMPLOYER
Perry Memorial Hospital Participates in E-Verify**

NOTICE:
Federal law requires
all employers
to verify the identity
and employment
eligibility of all persons hired
to work in the United States.