

## APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE)

DATE      /      /     

Directions: Type or print in blue or black ink. Answer all questions which are applicable. Please do not state "See Resume".

### PERSONAL INFORMATION

Name (First, MI, Last) _____			
Present Address _____	City _____	State _____	Zip _____
Permanent Address _____	City _____	State _____	Zip _____
Phone # _____	Cell # _____	E-mail _____	
If hired can you show proof of your legal right to work in the U.S.?		Yes <input type="radio"/>	No <input type="radio"/>
<small>(Please direct questions to the human resources department at OCH.)</small>			
Are you at least 18 years old?		Yes <input type="radio"/>	No <input type="radio"/>
In case of an emergency please notify: _____			
Name: _____	Phone Number: _____	Relationship: _____	

Do you have any friends, relatives, or acquaintances working for this company? Yes  or No

If yes, state name & relationship: \_\_\_\_\_

### How did you hear about this position?

OCH Website   
  Other, please specify: \_\_\_\_\_   
  Employee \_\_\_\_\_  
 Online, please specify which website: \_\_\_\_\_

### EMPLOYMENT INFORMATION

1. Position for which you are applying \_\_\_\_\_ 2. Desired Salary \_\_\_\_\_

3. If offered a position, when can you report for work? \_\_\_\_\_

4. Please indicate available shifts. Day  Night  Evening  Weekends

5. Preferred shift lengths? 8 hours  12 hours

6. Preferred status? Full time  Part time  PRN (as needed)

7. Have you applied to this company before? Yes  No  Where? \_\_\_\_\_ When? \_\_\_\_\_

8. Have you ever worked for OCH/Doctors Hospital? Yes  No  When? \_\_\_\_\_

9. Are you currently employed? Yes  No  If yes, please complete the information below.

Employer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Start Date \_\_\_\_\_

City, State, and Zip \_\_\_\_\_ End Date \_\_\_\_\_

List jobs you held, duties performed, skills used or learned, advancements or promotions. \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your current employer? Yes  No

Ozarks Community Hospital is an equal opportunity employer.

Excluding current employer from front page, please provide employment history for the last 7 years.

Use the back of this page to provide additional employers, if needed.

**Employment Experience**

Company		Name of supervisor	
Address		Job title	
City, State, and Zip Code			
Phone Number		Start Date	End Date
Reason for leaving (be specific)			
List jobs you held, duties performed, skills used or learned, advancements or promotions.			

Company		Name of supervisor	
Address		Job title	
City, State, and Zip Code			
Phone Number		Start Date	End Date
Reason for leaving (be specific)			
List jobs you held, duties performed, skills used or learned, advancements or promotions.			

Company		Name of supervisor	
Address		Job title	
City, State, and Zip Code			
Phone Number		Start Date	End Date
Reason for leaving (be specific)			
List jobs you held, duties performed, skills used or learned, advancements or promotions.			

<b>Explain gaps in employment</b>

**EDUCATION**

Do you have a high school diploma or equivalent?    Yes        No   

	Name & Location	Graduate?	Degree	Major / Subjects of Study
College or University				
Graduate Studies				
Trade School or Specialized Training				
Special Study or Research Work				

**CREDENTIALS**

	Name	Number	Expiration Date
License or Certifications			
Other Credentials			

Have you ever been Licensed/Credentialed in another state? \_\_\_\_\_ If Yes, List State(s) \_\_\_\_\_

Have you ever had any disciplinary action against a license/credential? \_\_\_\_\_

**ADDITIONAL EXPERIENCE**

Special Skills _____		
U.S. Military or Naval Service _____	Rank _____	Present Membership in National Guard or Reserves _____

**REFERENCES (provide three people not related to you whom you have known at least one year)**

Name & Address	Phone Number	Relationship	Years Acquainted

I hereby authorize the employers and references listed herein to release information regarding me to Ozarks Community Hospital (OCH) and I affirm that all the information submitted by me on this application is true and complete. I understand and agree that:

- If any false information, omissions or misrepresentations are discovered at any time, my employment may be terminated.
- I must submit to a post-offer, pre-employment physical (including blood test) and urine drug screen.
- If applicable, my credentials and any discipline against my credentials will be verified pre-employment. This may include verification through NURSIS, the Employee Disqualification List, OIG, SAM, LTCF, FCSR, the National Sex Offender Registry and any other regulating agencies as applicable. If hired to drive a company vehicle, a Motor Vehicle Driving Record Background Check may also be completed post-offer, pre-employment.
- Any offer of employment is made subject to the OCH personnel policies and conditioned upon my continued compliance throughout my employment.
- OCH is an "at will" employer - employment and compensation can be terminated without cause and without prior notice.
- The terms and conditions of my employment may be changed without cause and without prior notice.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CONFIDENTIAL INFORMATION