West Carroll Health Systems

Employment Application

An Equal Opportunity Employer

To the Applicant: West Carroll Health Systems will provide equal employment opportunity for all employees and applicants without prejudice in regard to race, color, religion, physical or mental impairment or medical condition, national origin, gender, age or veteran status except where age, gender or physical status is a bonafide occupational qualification. West Carroll Health Systems conducts pre-employment drug screenings on all individuals following a job offer.

Please Print

_____ _____ _____ _____

Date Last Name First Name Middle

Present Address

_____ _____ _____ _____

No. & Street City State Zip

Permanent Address (if different from present address)

_____ _____ _____ _____

No. & Street City State Zip

(___) _____ (___)_____

Cell Phone Home Phone

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?	☐ Yes	☐ No
Regular part-time work?	☐ Yes	☐ No
Temporary work, e.g., summer or holiday work?	☐ Yes	☐ No

What days and hours are you available for work?

_____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? ☐ Yes ☐ No

Would you be available to work overtime, if necessary? ☐ Yes ☐ No

If hired, on what day can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for West Carroll Health Systems before? ☐ Yes ☐ No

If yes, when? _____

Do you have any relatives working for West Carroll Health Systems? ☐ Yes ☐ No

If yes, state name(s) and relationship:

_____ _____

Name Relationship

_____ _____

Name Relationship

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

Are you at least 18 years old? ☐ Yes ☐ No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

If no, describe the functions that cannot be performed.

_____

_____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to passing skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

(Convictions for marijuana-related offenses that are more than two years old need not be listed.) ☐ Yes ☐ No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

_____

_____

Are you now, or have you ever been under investigation, suspended or excluded from participation in the Medicare/Medicaid Programs or other state and/or federal programs? ☐ Yes ☐ No

If yes, state the nature of the incident, when and where the incident took place and the outcome.

_____

_____

Are you currently employed? ☐ Yes ☐ No

If so, may we contact your current employer? ☐ Yes ☐ No

Education, Training and Experience

School	Name and Address	No. of years completed	Did you Graduate	Degree or Diploma
High School	_____	_____	☐ Yes ☐ No	_____
	Name			
	_____			
	Address			
	_____	_____	_____-_____	
	City	State	Zip	
College/	_____	_____	☐ Yes ☐ No	_____
University	Name			
	_____			
	Address			
	_____	_____	_____-_____	
	City	State	Zip	
Vocational/	_____	_____	☐ Yes ☐ No	_____
Business	Name			
	_____			
	Address			
	_____	_____	_____-_____	
	City	State	Zip	

Some of our clients do not speak English. Do you speak, write or understand any languages other than English? ☐ Yes ☐ No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at West Carroll Health Systems? ☐ Yes ☐ No

If so, please explain:

_____

_____

Answer the following questions if you are applying for a licensed position:

Are you licensed/certified for the job applied for? ☐ Yes ☐ No

Name of license/certification: _____

Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? ☐ Yes ☐ No

If yes, state the reason(s), date of revocation or suspension and date of reinstatement.

_____

_____

Employment History

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

_____ (___) _____

Name of Employer Telephone No.

_____ _____

Type of Business Your Supervisor's Name

_____ _____ _____ _____-_____

Address & Street City State Zip

Dates of Employment: _____ _____ Hourly Wage: _____ _____

From To Starting Ending

_____

Your Position and Duties

_____

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

_____ (___) _____

Name of Employer Telephone No.

_____ _____

Type of Business Your Supervisor's Name

_____ _____ ____ _____-_____

Address & Street City State Zip

Dates of Employment: _____ _____ Weekly Pay: _____ _____

From To Starting Ending

_____

Your Position and Duties

_____

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

_____ (___) _____

Name of Employer Telephone No.

_____ _____

Type of Business Your Supervisor's Name

_____ _____ ____ _____-_____

Address & Street City State Zip

Dates of Employment: _____ _____ Weekly Pay: _____ _____

From To Starting Ending

_____

Your Position and Duties

_____

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

Employment History, continued:

_____ (___) _____

Name of Employer Telephone No.

_____ _____

Type of Business Your Supervisor's Name

_____ _____ ____ _____-_____

Address & Street City State Zip

Dates of Employment: _____ _____ Weekly Pay: _____ _____

From To Starting Ending

_____

Your Position and Duties

_____

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? ☐ Yes ☐ No

If so, describe:

_____

_____

_____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

________________________ ________________________ (___) ________________

First Name Last Name Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

(___)

First Name Last Name Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

(___)

First Name Last Name Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

______ Initials — I hereby certify, under penalty of perjury, that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

______ Initials — I understand that it is my responsibility to notify WCHS in writing if an investigation begins or if I become suspended or excluded from participation in the Medicare/Medicaid Programs or other state/federal programs.

______ Initials — I hereby authorize WCHS to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to WCHS any and all letters, reports and other information related to my work records. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

______ Initials — I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and WCHS. In addition, I expressly agree and understand that, if employed, my employment, having no specific term, is based upon mutual consent and may be terminated at will, with or without cause or notice, by either party (the company or me). I also understand that this aspect of my employment, which includes the Agency's right to demote or otherwise discipline with or without cause or notice, may not be changed, modified, amended or rescinded except by an individual written agreement signed by both me and the administrator of the agency.

______ Initials — I understand that any offer of employment regarding certain job positions may be conditioned upon satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol screen should WCHS condition my offer of employment upon successful completion of such an examination or screening.

______ I understand that a consumer report or an investigative consumer report may be obtained from a Consumer

Initials Reporting Agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

_____ I will inform WCHS in writing if I come under investigation for alleged fraud and abuse or if I am suspended or
Initials excluded from participation in the Medicare/Medicaid Programs or other state or federal programs.

_____ I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements
Initials above supersede and replace any prior understandings or discussions I have had with the Agency and set forth the complete agreement between me and the Agency regarding these matters.

I understand that WCHS may research my social media as part of pre-employment screening.

_____ _____

Date **Applicant's Signature**