



**APPLICATION FOR EMPLOYMENT**

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Education	School Name and Location	Course of Study/Degree	No. Years Completed
Grade School			
Jr. High/High School			
Trade School			
College			
Other			

**Professional Licenses and / or Certifications**

Type	State Issued	Date	Lic/Cert Number	Expires

**Skills**

Typing Approx. _____ WPM	Word Processing? Yes No	Transcription? Yes No Knowledge of Medical Terminology? Yes No
Shorthand Approx. _____ WPM		

Software, Business Machines, Foreign Languages, Sign Language, Other Skills and Abilities:

Would you accept: Full Time Part Time PRN	Shift or hours you can work: A.M. P.M. Nights	Can you work overtime when scheduled or requested? Yes No
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Date you are available to work:

**EMPLOYMENT HISTORY**

List all previous employers for whom you have worked during the last five years and any other employment that reflects experience related to the job for which you are applying. Explain any lapses between times when employed. List most recent job first.

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Employed (Month/Year)		Employer	Employer Phone Number
From	To		
Job Title		Employer Address (Street, City, State, Zip)	
Salary		Immediate Supervisor	Reason for Leaving
Describe Job & Duties: _____			
_____			

Employed (Month/Year)		Employer	Employer Phone Number
From	To		
Job Title		Employer Address (Street, City, State, Zip)	
Salary		Immediate Supervisor	Reason for Leaving
Describe Job & Duties: _____			
_____			

Employed (Month/Year)		Employer	Employer Phone Number
From	To		
Job Title		Employer Address (Street, City, State, Zip)	
Salary		Immediate Supervisor	Reason for Leaving
Describe Job & Duties: _____			
_____			

Have you ever been discharged from a job or forced to resign?      Yes      No

If "Yes," please describe: \_\_\_\_\_

\_\_\_\_\_

May we contact your present employer:      Yes      No

Make any comments you feel we should be aware of when we contact employers: \_\_\_\_\_

Have you ever been convicted of a felony?      Yes      No

If "Yes," explain the nature of the offense(s), date(s) of conviction and the penalty(ies) imposed: \_\_\_\_\_

\_\_\_\_\_

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Contact in Case of Emergency		
Name	Relationship	Phone Number
		(     )

**Applicants Must Read and Sign**

IN MAKING THIS APPLICATION FOR EMPLOYMENT, I CERTIFY THAT THE STATEMENTS I HAVE MADE ARE TRUE, COMPLETE AND CORRECT, AND I AGREE THAT ANY FALSE OR MISLEADING STATEMENTS OR MISREPRESENTATIONS HEREIN, WHENEVER DISCERNED, ARE GROUNDS TO REFUSE OR TO TERMINATE MY EMPLOYMENT.

I AUTHORIZE THE INVESTIGATION, AT ANY TIME, OR ANY OR ALL STATEMENTS CONTAINED IN THIS APPLICATION AND ANY ATTACHED APPLICATION MATERIALS AND/OR STATEMENTS MADE BY ME DURING THE EMPLOYMENT SELECTION PROCESS. I ALSO AUTHORIZE ANY PUBLIC ENTITY, PERSON, SCHOOL, CURRENT EMPLOYER (EXCEPT AS PREVIOUSLY NOTED), PAST EMPLOYER, AND ORGANIZATION, WHETHER NAMED IN THIS APPLICATION OR NOT, TO PROVIDE RELEVANT INFORMATION AND OPINIONS THAT MAY BE USEFUL IN MAKING A HIRING OR OTHER EMPLOYMENT DECISION. I RELEASE SUCH PERSONS AND ORGANIZATIONS FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS.

IF EMPLOYED, I UNDERSTAND AND AGREE TO CONFORM TO THE RULES AND REGULATIONS OF SUMMIT MEDICAL CENTER OR ITS AFFILIATED ENTITIES. FURTHER, I UNDERSTAND AND AGREE THAT EMPLOYMENT AT SUMMIT MEDICAL CENTER OR ITS AFFILIATED ENTITIES IS EMPLOYMENT "AT WILL," AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE BY THE EMPLOYER, OR BY ME. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF SUMMIT MEDICAL CENTER OR ITS AFFILIATED ENTITIES OTHER THAN THE PRESIDENT OF SUMMIT MEDICAL CENTER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT, WHETHER ORALLY OR IN WRITING, GUARANTEEING MY EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, NOR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

**Name (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_