



APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____
first, middle, last

Mailing Address: _____
street, city, state, zip

Telephone number: _____ Email address: _____

Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Have you worked here before? Yes No

For what position are you applying? _____

How did you learn of this opening? _____

When can you start? _____ Salary desired: \$ _____

Do you have any relatives currently working for the HealthTrust, Inc.? Yes No

If yes, please list: _____

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

If so, can you perform these essential functions of the job? Yes No

Are there any hours, shifts, or days you cannot or will not work? Yes No

If yes, please list: _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No

If yes, describe conditions: _____

EDUCATIONAL HISTORY

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DEGREE
High School			
College/University			
College/University			
Other Training/Education:			

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with us? _____

WORK HISTORY (attach additional sheets, if necessary)

Most Recent Employer:		Address:	Telephone:
Date Started: Starting Salary: \$ Per:	Starting Position:		
Date Left: Salary on Leaving: \$ Per:	Position on Leaving:		
Name and Title of Supervisor: _____ May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Duties:	Reason for Leaving:		
Next Most Recent Employer:		Address:	Telephone:
Date Started: Starting Salary: \$ Per:	Starting Position:		
Date Left: Salary on Leaving: \$ Per:	Position on Leaving:		
Name and Title of Supervisor: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Duties:	Reason for Leaving:		

Next Most Recent Employer:	Address:	Telephone:
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Date Started: Starting Salary: \$ Per:	Starting Position:
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Date Left: Salary on Leaving: \$ Per:	Position on Leaving:
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Name and Title of Supervisor: _____
May we contact this employer? Yes No

Description of Duties:	Reason for Leaving:
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Next Most Recent Employer:	Address:	Telephone:
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Date Started: Starting Salary: \$ Per:	Starting Position:
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Date Left: Salary on Leaving: \$ Per:	Position on Leaving:
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Name and Title of Supervisor: _____
May we contact this employer? Yes No

Description of Duties:	Reason for Leaving:
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Next Most Recent Employer:	Address:	Telephone:
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Date Started: Starting Salary: \$ Per:	Starting Position:
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Date Left: Salary on Leaving: \$ Per:	Position on Leaving:
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Name and Title of Supervisor: _____
May we contact this employer? Yes No

Description of Duties:	Reason for Leaving:
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PROFESSIONAL REFERENCES

Name:		Address/Phone:	
Occupation:	# Years Known:	Relationship: <input type="checkbox"/> Colleague <input type="checkbox"/> Supervisor <input type="checkbox"/> Other:	
Name:		Address/Phone:	
Occupation:	# Years Known:	Relationship: <input type="checkbox"/> Colleague <input type="checkbox"/> Supervisor <input type="checkbox"/> Other:	
Name:		Address/Phone:	
Occupation:	# Years Known:	Relationship: <input type="checkbox"/> Colleague <input type="checkbox"/> Supervisor <input type="checkbox"/> Other:	

APPLICANT'S ACKNOWLEDGEMENT

HealthTrust, Inc. is an Equal Opportunity Employer. It is the policy of HealthTrust to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, disability, or veteran status. This application will be given every consideration, but its receipt does not imply that there are any open positions or that the applicant will be employed. Only applicants meeting the minimum requirements for a position as determined by the organization will be considered for employment. Should more than one qualified person make application, the organization reserves the right to select the applicant that, in its opinion, possesses the best qualifications.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize the HealthTrust, Inc. to make an investigation of any of the facts set forth in this application and release the HealthTrust, its officers, and employees from any liability.

I understand that employment with the HealthTrust, Inc. is “at-will,” which means that either I or HealthTrust can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the HT, other than the Executive Director in a signed writing, has any authority to alter the foregoing.

Date: _____ Applicant’s Signature: _____