



P. O. Box 280 • 299 Glasgow Rd. • Burkesville, KY 42717 • 270-864-2511

Attn: Human Resources

Application For Employment

Name- Last	First	Middle	Today's Date
Address - Street		Telephone No.	
City	State	Zip	

Position(s) desired _____

Training for the position or positions _____

(Formal education shown on other side of form)

Other specialized training or experience (Not necessary for this job) _____

Where are you now employed?	Reason for desiring change
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Why did you choose hospital work? _____

What prompted you to apply here for employment? _____

Are you related to any of our employees? _____

If yes, to whom and how are you related? _____

Professional license number	Type	State
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Hobbies _____

In Case of Emergency Notify	Name _____ Relationship _____
	Address _____ Telephone _____

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the pre-employment physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that my employment is at will, and either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days, show satisfactory evidence of identity and eligibility for employment.

Date _____

Signed _____

EDUCATION					
Name and location of schools or colleges	Major subject	Did you Graduate?	College degree	Period of attendance	
				From	To

FORMER EMPLOYERS AND EXPERIENCE (REFERENCES)						
Name and address	Phone	Nature of experience	Period		Cash salary	Reason for leaving
			From	To		

PERSONAL REFERENCES (Not Related)			
Name	Address	Phone	Relationship

(APPLICANT PLEASE DO NOT WRITE IN SPACE BELOW)

Interviewed by _____ Date _____ 20____

Date to Start Work _____ 20____ Department _____

Position _____

Remarks _____

COMPENSATION -

I, the applicant, understand my compensation will be as follows:

	Month	Week	Hour
Cash	_____	_____	\$ _____
Other Compensation at taxable value -			
Room	_____	_____	\$ _____
Meals a Day	__	Days a Week	_____ \$ _____
Laundry	_____	_____	\$ _____
	_____	_____	\$ _____
TOTAL			\$ _____

Position Temporary? _____

Approved by _____ Title _____

RELEASE INTERVIEW

	RESIGNED	RELEASED	ON LEAVE	CIRCLE RATING				
				Excellent	Good	Average	Fair	Poor
Ability as _____								
Ability to work in a group _____								
Cooperation with others _____								
Intelligence; ability to grasp ideas _____								
Personality _____								
Initiative; Leadership _____								
Stability; Dependability; Punctuality _____								
Character Integrity; Honesty _____								
Personal Appearance _____								

Personal handicaps _____

Interviewed by _____ Date _____ REMARKS _____
