



Mee Memorial Hospital

MEE MEMORIAL HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER

Position Applying for: _____

Requisition # _____

BIOGRAPHICAL INFORMATION

Last Name:	First Name:	Middle:	
Address:	City:	State:	Zip:
Telephone (home):	Telephone (cell):	Email:	

EDUCATION

Name of High School	City/State	Major/ Degree	Graduate (yes or no)
Comments/ Awards/ Achievements:			Years Attended:

Name of College	City/State	Major/ Degree	Graduate (yes or no)
Comments/ Awards/ Achievements:			Years Attended:

Name of College	City/State	Major/ Degree	Graduate (yes or no)
Comments/ Awards/ Achievements:			Years Attended:

SKILLS

LICENSURE/ CERTIFICATION

License	License #	Expiration

REFERENCES (please list at least 2 professional references)

Name:	Company/ City/ State:	Telephone:	Relationship:
1.)			
2.)			
3.)			

WORK EXPERIENCE

Please list all employment for the past five (5) years

Employer:	Job Title:	Starting Salary: Ending Salary:	May we Contact?
City/ State/ Zip:	Date Started (month/ year):	Date Left (month/ year):	
Reason for Leaving:	Supervisor's Name:	Telephone:	
Description of Work and Responsibilities:			

Employer:	Job Title:	Starting Salary: Ending Salary:	May we Contact?
City/ State/ Zip:	Date Started (month/ year):	Date Left (month/ year):	
Reason for Leaving:	Supervisor's Name:	Telephone:	
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Description of Work and Responsibilities:			

PERSONAL INFORMATION

How did you hear about this opportunity?

Date available to start:

Have you previously been employed by Mee Memorial Hospital? YES NO

If yes, when:

Are you 18 years of age or older? YES NO

If hired, can you provide proof that you are legally permitted to work in the U.S.? YES NO

Do you have any relatives currently working for this company? YES NO

If yes, please provide name and department:

Can you perform the essential functions of the position for which you are applying: YES NO

Have you ever been convicted of a crime other than a minor traffic violation?
(A conviction will not necessarily disqualify you for employment) YES NO

If yes, please provide details (type, date, location of convictions):

Please explain any gaps in employment:

I have included five years of employment history on my employment application. I have included a supervisor and a point of contact at each place of work (if you have not provided five years of history, after completing these questions, please go back and complete the employment section of the application) your application will not be considered without a complete employment history. I understand that my application must contain five years of employment history.

I have included at least three professional references, preferably managers and supervisors if applicable. References must be included to be considered.

Employment Statement:

I understand any misrepresentation in this application will be sufficient cause for denial of employment or dismissal if employed.

I hereby authorize Mee Memorial Hospital 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 Mee Memorial Hospital any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure.

I hereby release Mee Memorial Hospital, my former employers and all other persons from any and all claims and demands, or liabilities arising out of or in any way related to such investigation or disclosure. If employment is obtained under this application, I will comply with all policies and procedures of the hospital. The employment relationship is based on mutual consent of the employee and the hospital. I hereby certify that any information provided to the Hospital for employment purposes, including but not limited to the application, resume, or interview, is true and complete to the best of my knowledge. I hereby release Mee Memorial Hospital, my former employers and all other persons, corporations, partnerships, and associates from any and all claims, demands, or liabilities arising out of or in any way related to such an investigation or disclosure. Please provide your signature and today's date. It is the hospital's policy to comply with all applicable Federal and State laws prohibiting discrimination in employment based on race, religion, color, national origin, ancestry, sex, physical or mental disability, marital status, pregnancy, age, sexual orientation, genetic information, or veteran status.

PLEASE SIGN YOUR NAME BELOW

Signature

Date