We are proud to be a **DRUG-FREE** WORKPLACE

ROCKCASTLE REGIONAL HOSPITAL & RESPIRATORY CARE CENTER

145 Newcomb Avenue • P.O. Box 1310 • Mt. Vernon, Kentucky 40456-1310

Screening tests for alcohol and illegal drug use may be required post offer and during employment

Name

Date

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, national origin, citizenship status, physical or mental disability, or past, present or future service in the uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Name(Print) _____ Home or Nearest Phone _____

Present Address _____ Emergency Phone Number _____

_____ Social Security No. _____/_____/_____

(City) (State) (Zip)

If at present address less than one year, please give Previous Address _____

Are you at least 18 years of age? ☐ Yes ☐ No (Employment is subject to verification of minimum legal age.)

Can you produce documented proof of your identity and eligibility for employment in the United States? ☐ Yes ☐ No

(Examples: driver's license, Social Security card, birth certificate, and/or Immigration and Naturalization Service Documents)

Position(s) applied for _____ How soon could you report to work? _____

**Must* *indicate specific job(s) applied for. Applications stating "any", "all", etc., will not be processed.*

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary Rate of Pay Expected _____

What days and hours, if part time? Days _____ Hours _____

EDUCATION

From ( ) AM To ( ) PM

Type of School	Name and Address of School	Courses Majored In	Check Last Year Completed	Graduate? Show Degree
Elementary/Middle			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Post Graduate				

Have you applied for a job with us before? ☐ Yes ☐ No Have you ever worked for us before? ☐ Yes ☐ No

How did you come to apply? ☐ Employee Referral ☐ Former Employee ☐ Newspaper Ad ☐ High School Recruitment ☐ College Recruitment ☐ Walk-In ☐ Other: _____

Have you ever been bonded? ☐ Yes ☐ No Have you ever been refused a bond? ☐ Yes ☐ No

If yes, state reason and date _____

Have you ever been convicted of a violation of the law except a minor traffic violation? ☐ Yes ☐ No If yes, state date, court, and place where offense occurred. _____

(A conviction will not necessarily disqualify you from employment.)

Have you ever been discharged or requested to resign from a position? ☐ Yes ☐ No

Are you employed now? ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No

Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? ☐ Yes ☐ No

If yes, describe _____

Do you have any reason to believe that you would have difficulty meeting this facility's work schedules or the duties of the position you are applying for? ☐ Yes ☐ No

If yes, explain _____

"For this type of employment State Law requires a criminal record check as a condition of employment."

PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)

1. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason For Leaving	May we contact this employer? ☐ Yes ☐ No	
2. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason For Leaving	May we contact this employer? ☐ Yes ☐ No	
3. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason For Leaving	May we contact this employer? ☐ Yes ☐ No	

Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application._____

References
(Do Not List Relatives Or Former Employers)

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Job Applicant's Agreement and Certification

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the facility and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the facility. If an employment relationship is established. I understand that I have the right to terminate my employment at any time and that the facility retains the same right."

"If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with facility policies and procedures." (Physical exam includes post offer pre-employment physical, as well as functional capacity screening.)

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for three (3) months from the date completed, after which time I would have to reapply in accordance with established facility procedures."

_____

(Signature of Applicant) (Date)