

# Wagoner Community Hospital

1200 West Cherokee  
Wagoner, OK 74467  
918-485-1352

<u>Received Date</u>
----------------------

For Human Resource Use Only	
Recruiter	_____
Forwarded To	_____
Hired/Requisition #	_____

Applicant Name	Last	First	MI	Other Names	Application Date
_____					

Address Street/PO Box/Apt No.	City	State	Zip Code
_____			

Social Security #	Telephone-Home	Work	Message	Emergency Contact
- - ( ) _____	( ) _____	( ) _____		Phone _____

Are you under the age of 18	Yes No	Are you authorized to Work in the U.S.	Yes No	How did you hear about this Job Opportunity? Wagoner Community Hospital Postings _____ Newspaper _____ Website _____ Employee _____ Job Fair (Where) _____ Other _____
Are you able to perform the duties of the job with or without reasonable accommodation? Yes No				

Have you ever been convicted of a felony? Yes No	Have you ever been employed/Applied with Wagoner Community Hospital? Yes No	List relatives currently employed with Wagoner Community Hospital Where/When? _____
---	--	--

*Conviction will not necessarily disqualify an applicant from employment.*

Position Desired	
First Choice	
Second Choice	
Third Choice	

Shift Preference:	Full Time	Part Time	Part Time/Occasional	Temporary	Salary Expected	Date Available
7-3 Rotating Shift	11-7	3-11	11-7 7a-7p 7p-7a	Other _____	\$ _____	_____

**Licensures**

**Original State** \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Add'l State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Add'l State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Is your license restricted? \_\_\_\_\_ If yes, What accommodations are necessary? \_\_\_\_\_

Education	Name and Location of School	Diplomas/Degrees, Rec'd	Date Degree Conferred
Secondary School (High School)			
College			
Trade School			
Graduate School			

If no formal education, Date GED Received? \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



**RELEASE AND AUTHORIZATION**

In connection with my Employment Application with Wagoner Community Hospital or as a current employee of Wagoner Community Hospital, I understand and acknowledge that an investigative background inquiry will be made, which will include but may not be limited to, an inquiry into my criminal, driving, and other records and reports. I further understand and acknowledge that these reports will include past employment performance and experience, and reasons for my termination from past employers.

I further understand and acknowledge that as a part of their inquiry, Wagoner Community Hospital will request appropriate private or governmental agencies to conduct a criminal background check on me and to report the results of that background check to Wagoner Community Hospital. I understand that an unsatisfactory record will be grounds for unfavorable consideration or dismissal from employment.

I hereby voluntarily and knowingly authorize Wagoner Community Hospital to engage in the above described inquiries, and further authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, administrator, law enforcement agency, state agency, federal agency, private business, military branch, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, character, and employment records requested by Wagoner Community Hospital.

I further understand that any omission, misrepresentation or falsification of information in response to any question during the application process or during my employment with Wagoner Community Hospital may result in my being refused employment or, if already in the employment of Wagoner Community Hospital, my immediate termination.

I voluntarily, knowingly and unconditionally release Wagoner Community Hospital and person, agency or provider of information to Wagoner Community Hospital from any and all liability, resulting from the furnishing of any information covered by this Release and Authorization. This authorization shall be valid during the pre-employment process and throughout any employment with Wagoner Community Hospital.

**Print Full Name** \_\_\_\_\_

**Other Names Known By** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_