

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

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? _____

List your employers for the last ten years beginning with the most recent. Include as a separate item, all periods of unemployment exceeding ninety days, military service and schooling. A resume will NOT be accepted in lieu of the completed Work History section of this application.

WORK HISTORY

Employer Name	Address	City	State	Phone Number
_____	_____	_____	_____	_____
Employment Dates	Ending Salary	Job Title	Name of Supervisor	
From _____ To _____	_____	_____	_____	
Job Duties: _____				

Reason For Leaving this Employer: _____				

Employer Name	Address	City	State	Phone Number
_____	_____	_____	_____	_____
Employment Dates	Ending Salary	Job Title	Name of Supervisor	
From _____ To _____	_____	_____	_____	
Job Duties: _____				

Reason For Leaving this Employer: _____				

Employer Name	Address	City	State	Phone Number
_____	_____	_____	_____	_____
Employment Dates	Ending Salary	Job Title	Name of Supervisor	
From _____ To _____	_____	_____	_____	
Job Duties: _____				

Reason For Leaving this Employer: _____				

Professional References-Familiar with work performed (At least two Professional - Non-Relative)

Name	Occupation	Phone Number	Address	City	State	Zip
_____	_____	_____	_____	_____	_____	_____
Name	Occupation	Phone Number	Address	City	State	Zip
_____	_____	_____	_____	_____	_____	_____

Signature

I hereby authorize Wagoner Community Hospital to obtain from my former employers all data and records, including the same from a consumer-reporting agency needed to support this application. I hereby release my former employers and individuals connected therewith, and further release Wagoner Community Hospital from all liability for any damage whatsoever incurred in furnishing such information. I hereby certify that the foregoing statements are to the best of my knowledge true and correct, and I agree that any misstatements or omissions of material facts will constitute grounds for denial of or dismissal from employment. I hereby acknowledge that I am willing to work the scheduled shifts pursuant to the employee handbook. I AM AWARE MY EMPLOYMENT IS CONDITIONED UPON THE SUCCESSFUL COMPLETION OF A POST-OFFER PHYSICAL EXAMINATION WHICH WILL INCLUDE A TEST FOR SUBSTANCE ABUSE, AND RECEIPT OF VALID DOCUMENTATION VERIFYING MY ELIGIBILITY FOR EMPLOYMENT. In consideration of my employment, I agree to conform to all local, state, and federal laws, and to the rules, regulations, policies, and procedures of Wagoner Community Hospital. In addition, I understand and agree that any employee handbook, which I may receive, will not constitute an employment contract, but will be a general statement of Wagoner Community Hospital's policies. I further understand that employment is at will.

You may contact my present employer? Yes No

_____ Date

_____ Applicant Signature

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** _____