

# GARRISON MEMORIAL HOSPITAL

## Employment Application

Today's Date



### EQUAL OPPORTUNITY EMPLOYER

Garrison Memorial Hospital is committed to the policy of equal employment in recruitment, interviewing, hiring, and all other personnel practices. Your job related experiences, education, and other qualifications will be considered without discrimination on grounds of race, color, religion, sex, age, national origin or disability. The information you provide in this application will be treated confidentially, and used only to help assure the best use of your abilities should you be employed by Garrison Memorial Hospital.

IF YOU HAVE ANY QUESTIONS, OR IF REASONABLE ACCOMMODATIONS ARE NEEDED TO COMPLETE THIS FORM, PLEASE FEE FREE TO NOTIFY US.

### APPLICANT INFORMATION

Last Name		First	M.I.
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you under 16?			
Have you ever worked for Garrison Memorial Hospital or St. Alexius Medical Center?		Under what name?	
Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?			

### EDUCATION

High School			Address
From	To	Did you graduate?	Degree
College			Address
From	To	Did you graduate?	Degree
Other			Address
From	To	Did you graduate?	Degree

### Military Service

Branch	From	To
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Have you ever been named as a defendant in a criminal proceeding for mistreatment, neglect or abuse of any person or a misappropriation of property?	
Have you ever been convicted of a felony or misdemeanor for mistreatment, neglect or abuse of any person, or a misappropriation of property?	

A criminal conviction record does not by itself constitute an absolute bar to employment. The nature of the conviction record will be examined on a case-by-case basis, including subsequent rehabilitation, and will be considered in relation to the responsibilities of the position sought in making each employment decision.

### Previous or Most recent Employment Information

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
	\$	\$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference?

### Previous Experience

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
	\$	\$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference?

### Previous Experience

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
	\$	\$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference?

## REFERRAL SOURCE:

### POSITION

How did you find out about this position?

Medical Center Bulletin Board	
Newspaper Want Ad	
Job Service	
Medical Center Employee	
No Knowledge of Opening	
Other	

Do you have a firm salary requirement?	Yes	No	I require
Are you applying for:	Regular Employment	Temporary Employment	If hired, approximately when could you begin?

### LICENSURE INFORMATION

For positions requiring a professional license, list the number and expiration date			License #	Expiration Date		
Are you registered in North Dakota?	Yes	No	State	If not, have you applied for reciprocity?	Yes	No

### CERTIFICATION AND AGREEMENT: PLEASE READ BEFORE SIGNING

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I may be removed from the job after appointment. I understand that under Title VII of the Civil Rights Act of 1964 and the North Dakota Human rights Act, I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, or on the basis of age, physical or mental disability. I further understand that this employment application and other employment related documents I may have been furnished are not contracts of employment; also, that any oral or written statements to the contrary are hereby expressly disavowed. The employer has my authorization to thoroughly investigate my work and personal history which is job-related. I certify that I will hold no person, corporation or organization liable for giving or receiving information in this investigation.

I further understand that if I am employed, such employment is for an indefinite period of time, that either I or Garrison Memorial Hospital (GMH) can terminate such employment at anytime, and that the hospital can change wages, benefits, and conditions at anytime. A typed name is considered a signature.

Signature		Date	
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RELEASE: Having made application for employment with GMH and desire them to be informed as to my previous record and character, I hereby authorize GMH to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and release my present and past employers, references, and all persons whomsoever from any damage because of furnishing said information. A typed name is considered a signature.

Signature		Date	
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Should you receive an offer of employment with GMH, and accept such offer, prior to your employment date, a physical examination by the hospital (at no charge to you) may be completed, or if you wish, you may choose a physician at your own cost. Your employment is contingent upon satisfactorily passing a physical examination prior to employment. In addition, hospital policy provides for an orientation period to allow GMH to review you and your adjustment to the new position. During this orientation period, you or your supervisors, have the freedom of terminating employment at GMH without notice. GMH operates continuously and you are expected to perform services in accordance with your job description and approved work schedule. A typed name is considered a signature.

*Thank you for completing this application form and for your interest in employment with GMH. We assure you that your opportunity for employment will be based only on your merit, employment history, and academic background.*

## EMERGENCY

Person you want us to notify in case of emergency: (should you be employed)

Name:	Relationship to you:	
Home Address:	Home telephone:	
City:	State:	Zip:
Business:	Business Telephone:	

### FOR HUMAN RESOURCE DEPARTMENT USE ONLY

SRI Interview completed by		Date	
Interviewed by (HR)		Date	
Interviewed by (Department)		Date	

### BUSINESS OFFICE/HUMAN RESOURCE DEPARTMENT

Name_____	Social Security #_____
Scholarship_____	Amount:_____
Employee No._____	Dept. – Obj – Job_____
Position_____	Job Sub-Code_____
Security Level_____	Class Code_____
Starting Date_____	Work Method_____
Shift_____	Pay Grade_____
Starting Salary \$_____	If above mid point need administrative approval
References Sent_____	New Employee_____
Rehire_____	New Position_____
Replacement_____	
Full-Time_____ Part-time _____ (hrs) Temporary_____	
Hours Bi-Weekly_____	

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