

Application for Employment

A7940 Rev. 6/06



It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Date		This application to be active for a period of _____ days only.	
Applicant Name (Please Give Complete Name)		Are You At Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. Home Phone
Present Address (Include City, State, Zip Code)			
Previous Address (If at Present Address Less Than 7 Years)			E-mail Address
Current Open Position(s) for Which You Are Applying		Location applying: <input type="checkbox"/> Ocala Regional <input type="checkbox"/> West Marion	Type of Position <input type="checkbox"/> Per Diem <input type="checkbox"/> Pool <input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
1) _____ 2) _____		Shift <input type="checkbox"/> Day <input type="checkbox"/> Weekend <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotation	
Salary Requirement	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available For Work	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked at this facility or in a facility associated with HCA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what facility?	Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about this position? <input type="checkbox"/> State Employment Commission <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Current Employee <input type="checkbox"/> Ad <input type="checkbox"/> School <input type="checkbox"/> Job Line <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____			
Are you currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs, or have you been convicted of a criminal offense related to the provision of health care items or services but not yet been excluded, debarred, or otherwise declared ineligible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date, offense and disposition of each such conviction. (Convictions are not an automatic disqualification from employment)			

Type of School	Name of School	Check Last Year Attended in School				Degree or Certificate
	City, State	9	10	11	12	
High School/ GED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
College		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
College		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		From (Year)	To (Year)			
Other		From (Year)	To (Year)			

<p>List any professional licenses, registration or certification you possess (Include Drivers License, if applicable)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Type</th> <th style="width:20%;">State Issued</th> <th style="width:20%;">Expiration Date</th> <th style="width:15%;">Number</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Type	State Issued	Expiration Date	Number																	<p>Clerical or other skills applicable to the position for which you are applying</p> <p><input type="checkbox"/> Typing (_____ wpm) <input type="checkbox"/> PBX</p> <p><input type="checkbox"/> Proficient in Software: _____</p> <p><input type="checkbox"/> Business machines and/or equipment you can operate: _____</p> <p><input type="checkbox"/> Other: _____</p>
Type	State Issued	Expiration Date	Number																		

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Employment History Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.

Current or Most Recent	From Mo. Yr. Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed	
	Job Title			Other reference with this employer		Reason for leaving
	Nature of Duties					
1st Previous	From Mo. Yr. Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address		Name while employed	
	Job Title			Other reference with this employer		Reason for leaving
	Nature of Duties					
2nd Previous	From Mo. Yr. Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address		Name while employed	
	Job Title			Other reference with this employer		Reason for leaving
	Nature of Duties					
3rd Previous	From Mo. Yr. Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address		Name while employed	
	Job Title			Other reference with this employer		Reason for leaving
	Nature of Duties					

Professional References (Other than Relatives) Give two references who have good knowledge of your work.

Name	Position	Address (Include City/State)	Phone - Work/Home	Number of Years Known
1.				
2.				

<p>Please Review and Sign Where Indicated.</p> <p>In making application for employment:</p> <ul style="list-style-type: none"> I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. 	<ul style="list-style-type: none"> I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of facility policies. I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment. Compliance with this facility's Substance Abuse Policy is a condition of employment. This facility requires that every new employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with facility policy. Continued employment is also contingent upon compliance with the facility's Substance Abuse Policy. 	<ul style="list-style-type: none"> I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal health care program, or receive a government contract. I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that the facility may terminate the employment relationship for cause. Cause is defined as a reason for disciplinary action that is not arbitrary, capricious, or illegal, that is based on facts that the employer reasonably believes to be true. Some examples of cause include, but are not limited to, (1) dissatisfaction with an employee for such reasons as lack of capacity or diligence, failure to conform to usual standards of conduct, or other culpable or inappropriate behavior, or (2) economic needs subject to the reasonable judgment of the employer. <p>Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.</p>
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I have read and understand these conditions of employment.	Applicant Signature _____ Date Prepared _____
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Office Use Only	<input type="checkbox"/> Referred to Department _____ <input type="checkbox"/> Recommended Employment _____ Date _____	<input type="checkbox"/> Not Qualified for Opening <input type="checkbox"/> Hold for Future Opening <input type="checkbox"/> References Checked By _____
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Ocala Regional Medical Center/West Marion Community Hospital
1431 SW First Ave. Ocala, FL. 34474
352-401-1160

Disclosure and Release of Information Authorization
Consumer Report/Investigative Consumer Report
Important: Please read carefully

As an applicant for employment or an employee, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you for employment, promotion, reassignment, or retention as an employee, a consumer report or an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or during your employment.

I authorize **Ocala Regional Medical Center/West Marion Community Hospital** and **Edge Information Management, Inc.**, a consumer reporting agency, to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information obtained may include, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, workers compensation, professional licenses, credit reports, driving history, and criminal history records.

I understand that a Consumer Report or Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **Edge Information Management, Inc., 1901 South Harbor City Boulevard, Suite 401, Melbourne, Florida 32901-4769. Phone 1-800-725-3343.**

I understand that by requesting this information, no promise of employment is being made. I also understand that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by **Ocala Regional Medical Center/West Marion Community Hospital** (except if employed in the state of California), this authorization will remain in effect throughout such employment.

READ, ACKNOWLEDGED AND AUTHORIZED

Signature

Date

NOTE: I am providing the following voluntarily.

PLEASE PRINT CLEARLY

NAME _____

First

Middle (Full)

Last

Maiden

SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH (for ID purposes only) _____ - _____ - _____
MO DAY YR

SEX _____ RACE _____ DRIVER'S LICENSE # _____ STATE _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP _____

If you are applying for employment in California, Minnesota, or Oklahoma and would like a copy of any Consumer Report prepared on you please check this box. If you elect not to receive a copy please check this box.