



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Position Applied For: _____ Date Available: _____ How did you hear about us? _____

Are you available to work: ___ Full-time ___ Part-time ___ PRN

Are you available to work: ___ Days ___ Evenings ___ Nights

What days are you available to work? ___ **MONDAY** ___ **TUESDAY** ___ **WEDNESDAY** ___ **THURSDAY** ___ **FRIDAY**
 ___ **SATURDAY** ___ **SUNDAY**

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Professional References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

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? YES NO

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? YES NO

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? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Professional Licenses/Registrations

Name as it appears on license: _____

Type of License/Registration: _____ License/Registration Number: _____

Issued by: _____ Expiration Date: _____

Name as it appears on license: _____

Type of License/Registration: _____ License/Registration Number: _____

Issued by: _____ Expiration Date: _____

Driver's License

Some positions require a valid driver's license. Do you possess a valid driver's license? ___ Yes ___ No

Name as it appears on license: _____

License Number: _____

Issued by State of: _____

Expiration Date: _____

Conditions of Employment

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility to work in the United States as permitted by the Immigration Reform & Control Act of 1986.

CHB is a smoke-free work environment. Smoking, including smokeless tobacco, is not permitted on CHB owned premises. CHB is a drug free work place. All prospective employees must submit to and pass a drug screen as part of the employment process.

I understand that in no event shall my hiring be considered as creating a contractual relationship between myself and CHB. Unless otherwise provided in writing the employment relationship shall be defined as "employment at will" where either party may dissolve the relationship.

I understand that consideration for employment is also contingent on the results of a reference and background check. Therefore, I authorize CHB and/or its affiliates to investigate the truthfulness of all statements made in this application, contact my former employer or other persons who can verify information concerning this application, and I release and indemnify each person and organization from liability for providing information to CHB.

Signature: _____ Date: _____

Community Hospital of Bremen is an Equal Opportunity Provider and Employer.