



Newberry **FAST HEAL** [CLICK HERE FOR HEALTH INFORMATION](#)

Employment Application

Personal

Date ___/___/___

Name Last _____ First _____ MI _____

Social Security ___/___/___

Address _____ City _____ State _____ Zip _____

Telephone (____) _____

Position Applied For: _____ Salary Desired _____

How Were You Referred To This Facility? _____

Are You Applying For Full Time() Part Time() PRN() Temporary()

Relatives Or Friends Employed In This Facility Yes() No()

If Yes, Name _____ Dept. _____

Date Available for Work ___/___/___

Are You 18 Years Old or Younger? Yes() No()

Would You Consider Working Any Shift? Yes() No()

Weekends & Holidays Yes() No()

Rotating Shifts Yes() No()

On Call Yes() No()

Are You Prevented From Lawful Employment Because Of Your Visa Or Immigration Status?

Yes() No()

Shift Preference 1st() 2nd() 3rd() Where You Ever Convicted Of Or Pled Guilty To Any Crime, Other Than Minor Traffic Violations? Yes() No()

If Yes, Please Explain: _____

Education / Skills

High School _____

Address _____

Course of Study _____ Did You Graduate Yes() No()

Date Received Cert. ____/____/____ List Degree _____

College _____

Address _____

Course of Study _____ Did You Graduate Yes() No()

Date Received Cert. ____/____/____ List Degree _____

Post Graduate _____

Address _____

Course of Study _____ Did You Graduate Yes() No()

Date Received Cert. ____/____/____ List Degree _____

Other Business College, Other Special Courses (Include Special Military Training and Nursing)

Area of Specialization or Major Interest _____

Typing: Approx. WPM _____ Shorthand: Approx. WPM _____

List Health Care, Business or Industrial Equipment Operated: _____

Professional Licenses and/or Certifications

Are You Currently: Registered() Licensed() Certified()

Are You Eligible For: Registration() Licensure () Certification()

Type _____ State Issued _____ Date __/__/__ No _____

Type _____ State Issued _____ Date __/__/__ No _____

Type _____ State Issued _____ Date __/__/__ No _____

Past Experience

Please List Name, Address And Phone Number Of Previous Employers With Most Recent Employer First.

Job Title _____ Supervisor _____

From ___/___/___ To ___/___/___ Last Salary Hourly, Monthly or Yearly \$ _____

Employer Name _____ Telephone (____) _____

Address _____ City _____ State ____ Zip _____

Duties: _____

Reason For Leaving _____

Job Title _____ Supervisor _____

From ___/___/___ To ___/___/___ Last Salary Hourly, Monthly or Yearly \$ _____

Employer Name _____ Telephone (____) _____

Address _____ City _____ State ____ Zip _____

Duties: _____

Reason For Leaving _____

Job Title _____ Supervisor _____

From ___/___/___ To ___/___/___ Last Salary Hourly, Monthly or Yearly \$ _____

Employer Name _____ Telephone (____) _____

Address _____ City _____ State ____ Zip _____

Duties: _____

Reason For Leaving _____

Job Title _____ Supervisor _____

From ___/___/___ To ___/___/___ Last Salary (Hourly, Monthly or Yearly) \$ _____

Employer Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Duties: _____

Reason For Leaving _____

State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.

Can we run a detailed employment check, including but not limited to a check with previous employers?

Yes() No()

Please sign here to authorize reference check.

Did you serve in the U.S. Armed Services? Yes() No() What Branch?

Have you volunteered your time or services? Yes() No() Where?

Briefly describe duties and skills acquired through volunteer or military service: (include dates)

References

List At Least 3 References Who Are Not Relatives or Employers

1) Name _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____

2) Name _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____

3) Name _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____

Notify In Case Of Emergency

1) Name _____ Relationship _____

Address _____ City _____ State _____

Telephone (____) _____

2) Name _____ Relationship _____

Address _____ City _____ State _____

Telephone (____) _____

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus or your choice.* I understand that if I am hired, I will have the right to terminate my employment at any time, with or without notice and with or without cause. I understand and agree that the hospital will have the same right.

Signature of Applicant _____

BACKGROUND INVESTIGATION AUTHORIZATION FORM

I authorize Newberry County Memorial Hospital and any of its affiliates or its designated investigative ('agency') to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the Hospital, the affiliate, and the agency have my permission to contact persons who may have information relating to my suitability for employment and to secure consumer credit reports (including investigative consumer reports). I understand that information obtained by the Hospital, the affiliate, or the agency in accordance with this authorization may include information pertaining to my character, general reputation, personal characteristics, work habits, mode of living, driving record, judgment, liens, arrests and convictions.

I authorize NCMH and its affiliates, without reservation, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes.

Name (Printed) _____

Social Security # ____ - ____ - ____

Other Names Used (Maiden) _____

Current Address _____ City _____ State _____ Zip _____

From: _____ To: _____

Previous Address _____ City _____ State _____ Zip _____

From: _____ To: _____

Previous Address _____ City _____ State _____ Zip _____

Home Telephone (____) _____

Business Telephone (____) _____

Driver's License # _____ State of Issue _____ Expiration ____/____/____

Date Of Birth ____/____/____

Signature _____ Date ____/____/____

Witness _____ Date ____/____/____

NOTICE ON CONSUMER REPORTS

Please take notice that the Hospital may obtain or cause to be prepared either a Consumer Credit Report or an Investigative Consumer Report on you for employment purposes. That information will be kept confidential to the extent required under the Fair Credit Reporting Act.

As an Equal Opportunity Employer, the Hospital will not use any information in any of these reports in violation of any applicable federal or local equal employment laws or regulations.

In the event that any adverse employment action is taken with respect to you based in whole or in part on the results of the Consumer Report or Investigative Consumer Report, you will be provided a separate notice of your rights under the Fair Credit Reporting Act.

I hereby consent to the Hospital obtaining a Consumer Report or Investigative Consumer Report on me for employment purposes, and authorize the Hospital to obtain such a report(s).

Signature of applicant or employee _____ Date ____/____/____
_____/____

Witness _____
Date ____/____/____

Workers' Compensation Medical Release

I hereby authorize the release of all medical records, including but not limited to psychological, psychiatric, alcohol and drug, and all other pertinent medical information relevant to my complaint of injury related to my worker's compensation claim. Additionally, I authorize my Employer and its workers' compensation carrier and their treating physicians or medical providers of any kind regarding all facts and opinions pursuant to S.C. Code Ann. 42-15-80 that no fact communicated to or otherwise learned by any physician or surgeon who may have attended or examined me, or who may have been present at any examination, is privileged.

Signature _____ Date ____/____/____

Witness _____ Date ____/____/____