



BON SECOURS COMMUNITY HOSPITAL
Bon Secours Charity Health System

APPLICATION FOR EMPLOYMENT

Date: _____

POSITIONS DESIRED

1. _____
2. _____

Full Time Part Time

NAME: Last, First, Middle Initial _____

Have you every worked under another name? _____

ADDRESS _____

TELEPHONE NUMBER _____

SOCIAL SECURITY NUMBER

Are you less than 18 years of age:

Yes No

Date available for work? _____

Have you the legal right to work in the U.S.A. Yes No

Have you been convicted of any crimes within the past 5 years? _____

Expected Salary? _____

NAME, ADDRESS & TEL. NUMBERS OF PREVIOUS EMPLOYERS, INCLUDING MILITARY SERVICE

Begin with last place of employment

	DUTIES	DATES FROM TO	REASON FOR LEAVING
1.	_____		

2.	_____		

3.	_____		

4.	_____		

May we contact the employers listed above?

Yes No

Including your present employer?

Yes No

Professional Registration Number _____

State where issued _____

Expiration date _____

If presently employed, why do you desire to change? _____

Type	Name of School	Location	Dates Attended From To	Years Completed	Course & Degree
High School					
College					
Nursing School					
Other					

GENERAL INFORMATION: Use the space below to describe your skills and aptitudes that you feel qualify you for a position at the hospital.

If you are applying for part time work, please indicate the days and hours available

Sunday _____ **Tuesday** _____ **Thursday** _____
Monday _____ **Wednesday** _____ **Friday** _____
Saturday _____

PERSONAL REFERENCES: Do not include former employers or relatives.

	<i>Name</i>	<i>Address & Telephone Number</i>	<i>Occupation</i>
1.	_____	_____	_____
2.	_____	_____	_____

PROFESSIONAL ASSOCIATION MEMBERSHIPS:

READ CAREFULLY BEFORE SIGNING:

I declare that all above statements are true to the best of my knowledge, and any misrepresentations will be cause for my rejection or dismissal. I authorize Bon Secours Community Hospital to obtain information from my previous employment, education, background and references as deemed necessary to determine my suitability for employment. I agree to a pre-employment physical examination, which will be completed following an offer of employment, which I must pass before beginning employment. I agree to share day, evening, night and weekend duty as may be required in my department. Upon my termination, I authorize the release of reference information on my work.

_____ **DATE** _____ **SIGNATURE OF APPLICANT**

Bon Secours Community Hospital is an equal opportunity employer and does not discriminate in employment practice because of race, creed, color, national origin, sex, sexual preference, age, marital status or sponsor. In accordance with the Rehabilitation Act of 1973, Sect. 504, and the A.D.A., Bon Secours Community Hospital does not discriminate because of blindness, disability or handicap, and will make reasonable accommodations for known physical or mental limitations of disabled but qualified applicants except where it would result in undue hardship. Qualification standards for positions will be job related and consistent with business necessity.