



EDUCATION:

Education	Name & Address	Did you Graduate?	Diploma or Degree
High School	_____	Yes _____ No _____	
College	_____	Yes _____ No _____	
College	_____	Yes _____ No _____	
Business School	_____	Yes _____ No _____	
Typing:    Approx. WPM _____		Shorthand:    Approx. WPM _____	
Word Processor:    Yes _____ No _____		If yes, state system? _____	

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

If Licensed, Registered or Certified:

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ No. \_\_\_\_\_

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ No. \_\_\_\_\_

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ No. \_\_\_\_\_

PREVIOUS WORK EXPERIENCE: *(List in reverse chronological order):*

Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor      Telephone No.	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor      Telephone No.	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	

PREVIOUS WORK EXPERIENCE: (Continued)

Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor Telephone No.	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor Telephone No.	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	

PROFESSIONAL WORK RELATED REFERENCES:

List two (2) work related references who are not relatives:

Name & Relationship	Title	Company Name & Address	Telephone

Please check one of the following:

\_\_\_\_\_ *I Authorize Verification of all Information given **except** that of Present Employer*

\_\_\_\_\_ *I Authorize Verification of all Information Given*

Are you able to perform, with or without reasonable accommodation, all essential functions of the position for which you are applying?      YES \_\_\_\_\_      NO \_\_\_\_\_

I understand that any false statement made by me in this application will be cause for my rejection or if hired, my dismissal. I also understand that, if offered a job, my employment is contingent upon successful completion of a physical examination given by the Employee Health Physician of this Hospital.

AI understand that, if hired for any but a temporary job, my employment is not to be for any definite period of time and that, whether for a temporary or regular position, I am in any event to be an employee at will. Therefore, I understand that if hired, I may resign my employment and that the hospital may terminate my employment for a lawful reason.@

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

In all employment decisions including but not limited to recruitment, hiring, compensation, training, promotion, upgrading, demotion, downgrading, transfer, layoff, and termination, and all other terms and conditions of employment except as provided by law, Calvary Hospital does not discriminate against employees and applicants for employment on the basis of race, creed, color, national origin, sex, age, disability, marital status or sexual orientation.

As an organization for charitable or educational purposes, which is operated, supervised or controlled by or in connection with a religious organization, we reserve the right to limit employment or give preference to persons of the same religion or denomination or to make such other selections as calculated by this organization to promote the religious principles for which it is maintained or established.

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Applicant Hired?                      Yes \_\_\_\_\_ No \_\_\_\_\_

If applicant is less than 18 years of age, is there documentation on file?      Yes \_\_\_\_\_ No \_\_\_\_\_

Replacing: \_\_\_\_\_

Title: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Shift: \_\_\_\_\_

Check one:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Per Diem: \_\_\_\_\_

Base Salary: \_\_\_\_\_

Evening/Night Differential: \_\_\_\_\_

Experience Differential: \_\_\_\_\_

Education Differential: \_\_\_\_\_

Certification Differential: \_\_\_\_\_