



Did you save your resume with your name and desired position in the title?

(Please either combine resume and application into 1 document or upload 1 document at a time. All documents need to be saved with your full name in the title. Thank you!)

APPLICANT'S NAME:

POSITION:

APPLICATION DATE:

APPLICATION FOR EMPLOYMENT

For application to be considered: It is mandatory that all areas of application are completed ("See Resume" is not acceptable). If an area does not apply to you, please write "N/A" in the space provided (do not leave any areas blank). Type or print all answers. All information on this application will be held confidential. Disclosures of a negative nature, such as conviction record, will not automatically bar you from employment but considering factors (i.e. age and time of the offense, seriousness and nature of the violation and rehabilitation) will be taken into account. Because of the nature of our business (healthcare), an extensive background check will be conducted into your personal and professional history.

Any false, misleading or incomplete information will be grounds to disqualify applicants from employment with Crescent Regional Hospital, formerly Crescent Medical Center,. The following is a list of items that will be needed, if employment is offered with our facility:

- 1) A Complete Application
- 2) A "Current" Resume
- 3) License Verification
- 4) Signed Job Description
- 5) I-9 Form
- 6) W-4 Form
- 7) References (2)
- 8) Background Check
- 9) Orientation
- 10) Handbook Acknowledgment
- 11) Personal Information Sheet
- 12) Confidentiality Statement
- 13) Release and Immunity Statement
- 14) Employee Health Completed and Signed off by IC and in file
- 15) Competency Validation
- 16) Certifications (ACLS, BLS, PALS)
- 17) Education Requirements Completed
- 18) Evaluations (90 Day, Annual, On Site Examination)
- 19) Time Clock

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER - NOTICE TO APPLICANTS AND EMPLOYEES: We consider all applicants for every positions they are qualified for (with documentation of education, training and/or experience - and our ability to verify such), without regard to race, color, religion, sex, age, gender, religious creed, medical condition, pregnancy, parenthood, ancestry, national origin, age, sexual orientation, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status unrelated to the ability to perform the work required. A qualified individual with a disability may request a reasonable accommodation during the employment process. No question on this application is intended to secure information to be used for any discrimination. This application will be given appropriate consideration. The submission, and receipt, of this application does not imply or guarantee that the applicant will be employed by this facility. Screening tests, for alcohol and drug use, will be required before hiring and randomly during employment with Crescent Regional Hospital, formerly Crescent Medical Center,.

POSITION APPLYING FOR:

DATE APPLICATION COMPLETED:

HOW DID YOU LEARN ABOUT US?

PERSONAL DATA

LAST NAME:

SOCIAL SECURITY # :

EMAIL ADDRESS:

ADDRESS:

HOME TELEPHONE #:

FIRST NAME:

DOB:

OTHER NAMES USED:

MESSAGE PHONE #:

M/I:

Are you age 18 or over?

If you are under 18 years of age, can you provide proof of your eligibility to work?

Have you ever been employed with us before?

If yes, please state position and the reason you were released?

Do any of your relatives work at Crescent?

If yes, please state the name and the department they work in:

Date you would be available for work?

May we contact your present employer?

(hiring contingent upon an accessible and favorable reference received)

Do you have a legal right to work in the U.S.?

If yes, you will need to provide proof of work eligibility to be employed by this facility.

CHECK THE CATEGORIES AVAILABLE FOR WORK

FULL TIME	PART TIME	TEMPORARY	PER DIEM
DAYS ONLY	NIGHTS	EVENINGS	ROTATING
DATE AVAILABLE FOR WORK:			

GENERAL INFORMATION

EMERGENCY CONTACT PERSON:

RELATIONSHIP:

ADDRESS:

PHONE NUMBERS:

Have you ever been terminated, or forced to resign, due to misconduct or unsatisfactory service?

If yes, please explain the circumstances

Are you currently on "Lay Off" status and subject to recall?

Can you travel, if a job requires it?

Have you ever been arrested and/or convicted, or are you currently awaiting disposition, for any criminal matter? If yes, please explain date, location, offense and disposition:

EDUCATION/TRAINING/SKILLS DO YOU HOLD (CHECK ALL APPLICABLE)

H. S. DIPLOMA:	G.E.D	ASSOCIATE'S DEGREE	BACHELOR'S	MASTERS
ADVANCED DEGREES (LIST):				

PROFESSIONAL LICENSE #

BLS:

ACLS

PALS:

LIST ALL SCHOOLS ATTENDED

SCHOOL NAME	CITY/ST	MAJOR	YEARS ATTENDED - FROM	TO	DEGREE
1)					
2)					
3)					
4)					

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:

LIST ANY EQUIPMENT YOU ARE ABLE TO OPERATE (RELATED TO THIS POSITION):

LANGUAGES PROFICIENCY (other than English. Write in language and then select proficiency from drop down:)

Language	Speaking	Reading	Writing
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HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?

FROM:	TO WHEN:
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BRANCH:

TYPE OF DISCHARGE (Please include copy of DD214, if applicable):

REFERENCES

LIST NAME, ADDRESS AND TELEPHONE NUMBER FOR THREE (3) PROFESSIONAL REFERENCES - WHO ARE NOT RELATED TO YOU.

1)

2)

3)

If you are an individual with a disability, please let us know if you will require an accommodation to perform the essential functions of the position(s) you are applying for:

EMPLOYMENT

BEGIN WITH YOUR PRESENT, OR MOST RECENT, EMPLOYER. LIST ALL JOBS HELD, GOING BACK AT LEAST 10 YEARS OR TO AGE 18. PLEASE EXPLAIN ANY TIME GAPS, GREATER THAN THREE (3) MONTHS, IN EMPLOYMENT. PLEASE USE AN ADDITIONAL SHEET, IF SPACE IS NEEDED TO DOCUMENT EMPLOYMENT HISTORY.

1) POSITION:

EMPLOYMENT DATES: _____ TO _____

OF EMPLOYEES SUPERVISED (if applicable): _____

REASON FOR LEAVING: _____

PRIMARY JOB DUTIES: _____

EMPLOYER: _____

TELEPHONE #: _____

SUPERVISOR: _____

HOURLY RATE/SALARY START: _____

END: _____

HOURS WORKED/WEEK: _____

ADDRESS: _____

2) POSITION:

EMPLOYMENT DATES: _____ TO _____

OF EMPLOYEES SUPERVISED (if applicable): _____

REASON FOR LEAVING: _____

PRIMARY JOB DUTIES: _____

EMPLOYER: _____

TELEPHONE #: _____

HOURLY RATE/SALARY START: _____

END: _____

HOURS WORKED PER WEEK: _____

ADDRESS: _____

SUPERVISOR: _____

3) POSITION:

EMPLOYMENT DATES: _____ TO _____

REASON FOR LEAVING: _____

PRIMARY JOB DUTIES: _____

EMPLOYER: _____

TELEPHONE #: _____

HOURLY RATE/SALARY START: _____

END: _____

HOURS WORKED PER WEEK: _____

OF EMPLOYEES SUPERVISED (if applicable): _____

ADDRESS: _____

SUPERVISOR: _____

4) POSITION:

EMPLOYMENT DATES: _____ TO _____

OF EMPLOYEES SUPERVISED (if applicable): _____

REASON FOR LEAVING: _____

PRIMARY JOB DUTIES: _____

EMPLOYER: _____

TELEPHONE #: _____

SUPERVISOR: _____

HOURLY RATE/SALARY START: _____

END: _____

HOURS WORKED PER WEEK: _____

ADDRESS: _____

APPLICANT'S ACKNOWLEDGEMENT

By signing this application, I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Any omissions or misstatements of facts may be cause for rejection of this application or discharge from employment.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Crescent Medical

Center, DBA Crescent Regional Hospital is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

I authorize Crescent Medical Center, DBA Crescent Regional Hospital Human Resources Department, or its designee, to make all necessary and appropriate investigations, allowable by law, to verify the information concerning my professional and personal background. It is my responsibility to update the Human Resources Department of any changes of my information.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Crescent Regional Hospital, formerly Crescent Regional Hospital, formerly Crescent Regional Hospital, formerly Crescent Medical Center,,, Lancaster to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Crescent Regional Hospital, formerly Crescent Regional Hospital, formerly Crescent Medical Center,, Lancaster will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Candidate Signature _____

Candidate Name - Printed _____

