

Magnolia Health Systems

APPLICATION FOR EMPLOYMENT

Magnolia Health Systems is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification **Magnolia Health Systems** will comply with its legal obligation to provide reasonable accommodation to qualified disabled applicants.

PLEASE PRINT
General Information

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

How long at this address: _____ If you have resided at this address less than one year, or if it is a temporary address, list your prior address:

Address _____
NUMBER STREET CITY STATE ZIP CODE

Current Telephone (_____) _____ Permanent Telephone (_____) _____

Social Security Number _____ - _____ - _____

Position Sought

Position(s) Desired _____ Salary Expected _____

Are you available to work Full-Time Part-Time Temporary
 On-Call Overtime Any Shift

On what date would you be available for work? _____

List any restrictions on days or hours you are available to work _____

Are you on a lay-off and subject to recall? Yes No

How were you referred to employment with us? _____

Qualifications

Are you a U.S. citizen or an alien legally entitled to work in the position(s) for which you have applied? Yes No
Federal law requires applicants to present certain documentation to verify their identity and United States citizen status or, if an alien, their legal authorization to work in the United States.

Are you 18 years of age or older? Yes No If no, date of birth: _____

Starting with your present or most recent job, list your employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

Employer	Employment Dates From To	Kind of Work Performed:
Address		
Telephone ()	Salary/Hourly Rate Starting: Final:	Reason for Leaving:
Job Title		
Immediate Supervisor		
Employer	Employment Dates From To	Kind of Work Performed:
Address		
Telephone ()	Salary/Hourly Rate Starting: Final:	Reason for Leaving:
Job Title		
Immediate Supervisor		
Employer	Employment Dates From To	Kind of Work Performed:
Address		
Telephone ()	Salary/Hourly Rate Starting: Final:	Reason for Leaving:
Job Title		
Immediate Supervisor		
Employer	Employment Dates From To	Kind of Work Performed:
Address		
Telephone ()	Salary/Hourly Rate Starting: Final:	Reason for Leaving:
Job Title		
Immediate Supervisor		

If you need additional space, please continue on a separate sheet of paper.

Which of the positions listed above did you like best? Why? _____

Which of the positions listed above did you like least? Why? _____

May we contact the employers listed above? Yes No If no, indicate which one(s) you do NOT wish us to contact, and the state the reason why you prefer that we do not contact the employer(s).

Have you ever been employed by **Magnolia Health Systems**? Yes No

If yes, given date and reason for leaving _____

Do you have any relatives that are employed here? Yes No If yes, please list them by name

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation?

(Conviction or plea will not necessarily disqualify applicant from employment.) Yes No

If yes, please explain _____

Have you ever been discharged from any position? Yes No If yes, please explain _____

Have you ever had your licensure revoked? _____ If yes, why? _____

Name of person we should notify in case of emergency _____

Address _____ Emergency Phone No. _____

Type of School	Name of School	City and State	Circle Number of Years Completed	Course Pursued Degrees Granted
Grade School			1 2 3 4 5 6	
Junior High School			1 2 3	
Senior High School			1 2 3	
College or University			1 2 3 4	
Business, Trade, or Technical School or College				
Graduate School				

Summarize special job-related skills and qualifications acquired from education, employment, volunteer work, or military service.

Do you have a valid Indiana driver's license (if job related)? Yes No If yes, state type of license:

Have you been a member of the armed forces of the United States? Yes No If yes, state highest rank achieved and any special skills or abilities that directly relates to the job for which you are applying: _____

List the name, address, and telephone number of three references who are not related to you and are not previous employers.

()

1 _____
Name Address Telephone No. Relationship

2 _____
Name Address Telephone No. Relationship

3 _____
Name Address Telephone No. Relationship

State any additional information you feel would be helpful in considering your application.

Applicant's Statement

(Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading, or omitted information in my application may result in discharge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including but not limited to **MAGNOLIA HEALTH SYSTEMS** personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to **MAGNOLIA HEALTH SYSTEMS** concerning me or any action **MAGNOLIA HEALTH SYSTEMS** takes on the basis of such information.

_____ I agree to submit to a medical examination, including drug testing, if required, and understand that any offer of employment is contingent upon the results of that examination.

_____ I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary for the consideration of this application. I understand that this consent to release of medical records is revocable, in writing, by me at any time.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by **MAGNOLIA HEALTH SYSTEMS** or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other **MAGNOLIA HEALTH SYSTEMS** material do not create any guarantee of employment and that **MAGNOLIA HEALTH SYSTEMS** has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of **MAGNOLIA HEALTH SYSTEMS** other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on **MAGNOLIA HEALTH SYSTEMS**.

Date: _____

Signature of Applicant _____