

Employment History

List Present employer or most recent employer first (use other side of this application, if necessary).

<hr/> Employer <hr/>		Employed From _____ Mo. / Yr. To _____ Mo. /Yr.	Supervisor's Name _____
<hr/> Address <hr/>			Your Job Title _____
<hr/> Telephone <hr/>			_____
Your Salary		Duties	
Start	End		

Reason For Leaving

<hr/> Employer <hr/>		Employed From _____ Mo. / Yr. To _____ Mo. /Yr.	Supervisor's Name _____
<hr/> Address <hr/>			Your Job Title _____
<hr/> Telephone <hr/>			_____
Your Salary		Duties	
Start	End		

Reason For Leaving

<hr/> Employer <hr/>		Employed From _____ Mo. / Yr. To _____ Mo. /Yr.	Supervisor's Name _____
<hr/> Address <hr/>			Your Job Title _____
<hr/> Telephone <hr/>			_____
Your Salary		Duties	
Start	End		

Reason For Leaving

Educational Data

School	Print Name, Number and Street, City, State and Zip Code for each School Listing	No. of Years Completed	Degree, Major, or Type of Course
High School			
College			
Graduate School			
Trade, Bus., Night or Corres.			
Other			

Are there any other experiences, skills or qualifications, which you feel would qualify you to work for this hospital?

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation?

_____Yes _____No

If yes, what would prevent you from performing those duties?

Have you ever been convicted of a crime? _____Yes _____No

Date _____ Place _____

Nature of Crime _____

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Personal References (Not Employers or Relatives – At Least Three)

Name and Address	Occupation	Phone Number

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration or dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either Memorial Health Systems or myself. I understand that no management official other than the Chief Executive Officer of Memorial Health System has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date