

THE GARRETT COUNTY MEMORIAL HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS FOR EMPLOYMENT OR EMPLOYEES ON THE BASIS OF RACE, CREED, COLOR, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, DISABILITY NOT AFFECTING PERFORMANCE OF ESSENTIAL JOB FUNCTIONS, OR FOR ANY OTHER LEGALLY IMPERMISSIBLE REASON.

APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL

Please Print

NAME: _____
Last First Middle

ADDRESS: _____
No. Street City, State, Zip Code

TELEPHONE #: _____ TELEPHONE # FOR MESSAGE: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____ STATE: _____

ARE YOU LESS THAN 18 YEARS OLD? () YES () NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? () YES () NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY: () YES () NO

IF YES, PLEASE EXPLAIN: _____

JOB DATA

POSITION(S) APPLIED FOR: _____

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, PLEASE EXPLAIN: _____

HOURLY WAGE EXPECTED: _____

WERE YOU FORMERLY EMPLOYED HERE: () YES () NO

IF YES, WHEN AND IN WHAT JOB: _____

ARE YOU RELATED TO ANYONE EMPLOYED AT THE GCMH? () YES () NO

IF YES, WHO AND WHAT RELATIONSHIP? _____

ARE YOU INTERESTED IN FULL-TIME OR PART-TIME WORK? () FULL-TIME () PART-TIME

IF PART-TIME, SPECIFY DAYS AND HOURS AVAILABLE: _____

WOULD YOU CONSIDER WORKING ANY SHIFT? () YES () NO

IF NO, WHICH SHIFTS WOULD YOU CONSIDER? () 1st () 2nd () 3rd

DATE AVAILABLE FOR WORK: _____

LONG-RANGE OCCUPATIONAL GOALS: _____

WILL YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK IN ALL WEATHER CONDITIONS? () YES () NO

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? () YES () NO

IF YES, PLEASE EXPLAIN: _____

EDUCATION/TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
HIGH			1 2 3 4	() Yes () No	
COLLEGE			1 2 3 4	() Yes () No	
COLLEGE			1 2 3 4	() Yes () No	

OTHER: BUSINESS COLLEGE, OTHER SPECIAL SOURCES (INCLUDE POST GRADUATE, ETC.)

AREA OF SPECIALIZATION OR MAJOR INTEREST:

LIST HEALTH CARE, BUSINESS OR INDUSTRIAL EQUIPMENT OPERATED:

List any other experience, skills or qualifications which you feel would especially fit you for work with our hospital. _____

MILITARY EXPERIENCE:

WERE YOU IN THE ARMED FORCES? () YES () NO

IF YES, WHAT BRANCH? _____

DATES OF DUTY: FROM _____ TO _____

RANK AT SEPARATION: _____

BRIEFLY DESCRIBE YOUR DUTIES: _____

THIS SECTION TO BE COMPLETED BY R.N. & L.P.N. APPLICANTS ONLY

Please check areas in which you have ()CIC ()OR ()MED/SURG () OTHER-Please Specify
experience or a special interest. ()ER ()OB _____

Are you registered/licensed in MD? ()Yes ()No Registration No. _____
Expiration Date _____

If not, have you applied: ()Yes ()No Date of your application _____

THIS SECTION FOR TECHNICIANS, TECHNOLOGISTS AND PARAMEDICAL PROFESSIONALS ONLY

Please list current professional registrations, licenses and/or certifications.

Certifying or Licensing Association	Number	Expiration Date
_____	_____	_____
_____	_____	_____

THIS SECTION FOR CLERICAL AND SECRETARIAL APPLICANTS

Typing Skills () Yes () No Speed _____ WPM Computer Skills _____

Shorthand () Yes () No Speed _____ WPM _____

Office Machines Used _____

PERSONAL or PROFESSIONAL REFERENCES

(NOT RELATIVES)

PLEASE GIVE COMPLETE ADDRESS

<u>NAME & OCCUPATION</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PLEASE READ CAREFULLY AND SIGN BELOW

I UNDERSTAND THAT DUE TO THE NATURE OF THE SERVICES WE PROVIDE, AN EXCEPTIONAL RECORD OF ATTENDANCE, PROMPTNESS AND DEPENDABILITY IS REQUIRED OF ALL GARRETT COUNTY MEMORIAL HOSPITAL EMPLOYEES.

I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON PASSING A PRE-PLACEMENT PHYSICAL EXAMINATION AND SATISFACTORY EDUCATION, PRIOR EMPLOYMENT AND REFERENCE VERIFICATIONS.

THE FACTS SET FORTH IN MY APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT FALSE OR INCOMPLETE INFORMATION, INCLUDING MISSTATEMENTS, MISREPRESENTATIONS, OR OMISSIONS, FURNISHED ON THIS APPLICATION OR ON ANY OTHER FORM USED IN THE HIRING PROCESS SUCH AS FOR EXAMPLE, EMPLOYMENT VERIFICATION FORM I-9 OR PHYSICAL EXAMINATION FORMS, IS SUFFICIENT CAUSE FOR NOT CONSIDERING THE APPLICATION AND FOR TERMINATION FROM EMPLOYMENT IF DISCOVERED AFTER HIRING.

I UNDERSTAND THAT THIS APPLICATION IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT, NOR DOES IT OBLIGATE THE GARRETT COUNTY MEMORIAL HOSPITAL IN ANY WAY IF THE GARRETT COUNTY MEMORIAL HOSPITAL DECIDES TO EMPLOY ME.

I UNDERSTAND THAT GARRETT COUNTY MEMORIAL HOSPITAL FOLLOWS THE CONCEPT OF AT-WILL EMPLOYMENT, WHICH MEANS THAT IF EMPLOYED AT THE HOSPITAL, I MAY TERMINATE MY EMPLOYMENT AND THE HOSPITAL MAY TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON.

IN MAKING THIS APPLICATION FOR EMPLOYMENT, I AUTHORIZE THE GARRETT COUNTY MEMORIAL HOSPITAL TO CONTACT ANY OF MY SCHOOLS, FORMER EMPLOYERS OR OTHER REFERENCES UNLESS OTHERWISE STATED. I ALSO HEREBY AUTHORIZE MY FORMER EMPLOYERS AND THOSE INDIVIDUALS WHOM I HAVE LISTED ON MY APPLICATION AS REFERENCES TO FURNISH ANY INFORMATION CONCERNING MY PERSONAL CHARACTER, HABITS OR WORK RECORD. I HEREBY RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGE ON ACCOUNT OF HAVING FURNISHED THIS REQUIRED INFORMATION.

SIGNATURE: _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

SIGNATURE: _____