Effective July 1, 2007, the hospital and nursing home property is tobacco-free.

Hayward Area Memorial Hospital & Hayward Nursing Home
EMPLOYMENT APPLICATION

Please print clearly in ink	**POSITION APPLIED FOR:**	**Date of application**:

PERSONAL

Last Name	First Name		Middle Initial	
Home Address	Apt. #	City	State	Zip
Telephone number	Date Available		Starting salary needed	

Will you accept another position? ☐ YES ☐ NO If yes, specify

List any reason(s) known to you why you might not be able to perform consistently and promptly any of the duties of the position applied for:

Will you accept shift work ☐ YES ☐ NO Will you accept weekend work ☐ YES ☐ NO	Would you work ☐ FULL TIME ☐ PART-TIME ☐ TEMPORARY
Were you previously employed at Hayward Area Memorial Hospital or Hayward Nursing Home? ☐ YES ☐ NO	If Yes: Where_____ When: _____ In what capacity_____
Have you ever been **convicted** of a crime? ☐ YES ☐ NO If YES, given date(s), offense(s) and disposition:	Do you have a friend or relative working here? ☐ YES ☐ NO If YES Give Name Dept. Relationship

EMPLOYMENT HISTORY

LIST MOST RECENT POSITION FIRST

From Month Year	Name of employer	Name/Title last supervisor	Phone
To Month Year	Address (Street, City, State and Zip Code)	Position held	Ending salary
Briefly describe the work you performed:			
Reason for leaving:		May we contact this employer? ☐ YES ☐ NO	
From Month Year	Name of employer	Name/Title last supervisor	Phone
To Month Year	Address (Street, City, State and Zip)	Position held	Ending salary
Briefly describe the work you performed:			
Reason for leaving:		May we contact this employer? ☐ YES ☐ NO	
From Month Year	Name of employer	Name/Title last supervisor	Phone
To Month Year	Address (Street, City, State and Zip)	Position held	Ending salary
Briefly describe the work you performed:			
Reason for leaving:		May we contact this employer? ☐ YES ☐ NO	

EDUCATION

School	Name of school	Location	Years completed	Dates From Mo	Dates From Yr	Dates To Mo	Dates To Yr	Course of Study	Did you graduate?	Diploma / Degree
High School										
Vocational										
College										
Graduate										

REFERENCES
(At least 2 should be employers, supervisors or teachers.)

NAME	MAILING ADDRESS	PHONE	RELATIONSHIP

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT THAT YOU OPERATE PROFICIENTLY.

LANGUAGE SKILLS (WHERE RELATED TO POSITION SOUGHT)

LANGUAGE:	Do you?				
	☐ SPEAK	☐ Fair	☐ Good	☐ Fluent	
	☐ READ	☐ Fair	☐ Good	☐ Fluent	
	☐ WRITE	☐ Fair	☐ Good	☐ Fluent	

PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATION (DO NOT INCLUDE DRIVERS LICENSE)

Type	State Issued	Date Issued	Expires	Number	Eligible
Type	State Issued	Date Issued	Expires	Number	Eligible
Type	State Issued	Date Issued	Expires	Number	Eligible

HAS YOUR PROFESSIONAL LICENSE OR REGISTRATION EVERY BEEN TERMINATED, STIPULATED, RESTRICTED, LIMITED, CONDITIONED, SUSPENDED, REVOKED, REFUSED, VOLUNTARILY RELINQUISHED OR NOT RENEWED BY ANY LICENSING BOARD OR ANY HEALTH-RELATED AGENCY ORGANIZATION, OR IS THERE SUCH ACTION OR REVIEW PENDING? ☐ YES ☐ NO
If YES, please give details on a separate sheet.

APPLICANT'S CERTIFICATION

I certify that all matters contained in this application are true and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I agree, if employed, to abide by all Hayward Area Memorial Hospital and Hayward Nursing Home policies, rules and regulations. I understand that such employment is for an indefinite period of time and that the employer can change wages, benefits and conditions of employment at any time.

I hereby authorize HAMH/HNH to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.

I have read and understand the above.

_____ DATE _____SIGNATURE

POSITION HIRED FOR: _____

DATE HIRED: _____ **STARTING WAGE:** _____

SCHEDULED _____ **HOURS PER WEEK** **COST CENTER:** _____ **EMPLOY. TYPE CODE:** _____

APPROVED BY: _____ **TITLE:** _____