



Date \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

*Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.*

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, veteran status, sexual orientation or any other consideration made unlawful by applicable federal, state, or local laws.

Position Applied For \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number (    ) \_\_\_\_\_

Present address (Street, Apt. or Unit No.) \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Desired Salary \_\_\_\_\_

Are you able at the time of employment to submit verification of your legal right to work in the U.S.? (*Verification and completion of Form I-9 must be submitted no later than three business days after date hire.*)  Yes  No

If under the age of 18, can you produce the necessary work certificate at the time of employment?  Yes  No

Type of employment desired?  Full-time  Part Time (Specify Hours) \_\_\_\_\_

Shift desired?  Days  Evenings  Nights (Specify Hours) \_\_\_\_\_

Are you willing to work overtime?  Yes  No Date on which you can start \_\_\_\_\_

Have you ever applied to this company before?  Yes  No

If yes, when did you apply? \_\_\_\_\_

How did you hear about the hospital (who referred you)? \_\_\_\_\_

Within the past (10) years, have you been convicted of a **felony, misdemeanor, or deferred adjudication**? (Criminal convictions/deferred adjudication will not automatically disqualify you from a particular job. The Hospital will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's function and qualifications)  
 Yes  No

If yes, please explain so that individual circumstances can be considered.

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**WORK EXPERIENCE con't**

**Employer**

\_\_\_\_\_  
*Name* *Address* *Type of Business*

Phone (\_\_\_\_) \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_/ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_

May we contact? Yes \_\_\_ No \_\_\_ Reason for Leaving \_\_\_\_\_

Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Explain any gap in employment \_\_\_\_\_

Duties and areas worked \_\_\_\_\_

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**Employer**

\_\_\_\_\_  
*Name* *Address* *Type of Business*

Phone (\_\_\_\_) \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_/ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_

May we contact? Yes \_\_\_ No \_\_\_ Reason for Leaving \_\_\_\_\_

Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Explain any gap in employment \_\_\_\_\_

Duties and areas worked \_\_\_\_\_

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**REFERENCES**

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP i.e., supervisor, co-worker	TELEPHONE #



## APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid drivers license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that The Hospital at Westlake Medical Center has, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If The Hospital at Westlake Medical Center has such a program and I am offered a conditional offer of employment, I understand that if pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with the federal, state, and local law. I also understand that all employees of the location, pursuant to The Hospital at Westlake Medical Center's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with The Hospital at Westlake Medical Center's policies and applicable federal, state, and local law.

If employed by The Hospital at Westlake Medical Center, I understand and agree that The Hospital at Westlake Medical Center, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any **falsification, misrepresentation, or omission** of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I authorize The Hospital at Westlake Medical Center or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize the consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to The Hospital at Westlake Medical Center or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of delivery or disclosure of the above requested information. I hereby release from liability The Hospital at Westlake Medical Center and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

I understand this company hires only individuals who are legally eligible to work in the United States.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**Completion of this form is strictly voluntary and is confidential.**

The Hospital at Westlake Medical Center provides equal employment opportunity to all qualified applicants and employees by prohibiting discrimination against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, marital status, national origin, age, veteran status or disability.

This information will be used solely to assist us in complying with Federal and State Equal Employment Opportunity and Affirmative Action record keeping requirements. Refusal to provide this information will not adversely affect you.

**PLEASE NOTE:** This form is **NOT** a part of your official application for employment. This information will be recorded and maintained in a confidential file, separate from all other records.

**Applicant Information:**

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female

Position Applied for: \_\_\_\_\_

**More specific ethnicity information is required for filing EEO-1 reports. Please check the appropriate Equal Opportunity Identification Group. You should only check one of the following ethnicity or race categories:**

**Ethnicity:**

\_\_\_\_\_ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Race:**

\_\_\_\_\_ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_\_\_ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**If you would like to identify as two or more races, please check Two or More Races below, in addition to your one selection above.**

\_\_\_\_\_ **Two or More Races (Not Hispanic or Latino) Comments:** \_\_\_\_\_

\_\_\_\_\_ **I choose not to disclose**