



Application for Employment

Rhea Medical Center is committed to compliance with Title VII of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. This facility does not discriminate in admission procedures, services, training, operation or application and employment practices. We offer equal employment opportunities to all qualified persons without regard to race, color, national origin, sex, religion, age, disability or veteran status. The use of this form does not mean there are positions open and does not obligate us in any way. This application will remain on file for a period of one year from the date of application.

Position(s) applied for:		Application Date:		
Referral Source	* Advertisement	* Job Posting on Bulletin Board	* Internet/ Web page	* Employment Agency
	* RMC Employee	* Relative	* Other _____	
Name of source (if applicable) _____				
Last Name		First Name		Middle Name
Address	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Telephone #	Mobile/Beeper/Other Phone #		Social Security Number	
()	()			

Best time to call you at home is: _____ am/pm May we contact you at work? * yes * no If yes, number and best time to call: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? * yes * no * not applicable

Have you submitted an application here before? * yes * no If yes, give date _____

Have you ever been employed with us before? * yes * no Name employed under _____
If yes, give dates, position _____

Are you available to work : * full time * part time * PRN * temporary
(check all that apply) * 1st shift * 2nd shift * 3rd shift * rotating shifts

Are you legally eligible for employment in this country? * yes * no

Have you ever pled "guilty" or "no contest" or been convicted of a crime? * yes * no

If yes, please provide dates and details _____

ANSWERING "YES" DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT. WE CONDUCT CRIMINAL BACKGROUND CHECKS ON ALL APPLICANTS WHO ARE OFFERED EMPLOYMENT.

Have you ever been excluded from participation in the Medicaid, Medicare or other federal health care program? * yes * no

If yes, please explain _____

EMPLOYMENT HISTORY

CHECK HERE IF NO WORK EXPERIENCE

DO NOT LEAVE ANY SECTIONS BLANK. IF NOT APPLICABLE, WRITE "N/A"

Start with your present or last job. Include any military service assignments.

Employer	Dates Employed		Work Performed
Address City State	<u>From</u>	<u>To</u>	
Phone			
Job Title			
Supervisor	Hourly Rate / Salary		
Reason for Leaving	<u>starting</u>	<u>final</u>	
May we contact for a reference? * yes * no * later			
Employer	Dates Employed		Work Performed
Address City State	<u>From</u>	<u>To</u>	
Phone			
Job Title			
Supervisor	Hourly Rate / Salary		
Reason for Leaving	<u>starting</u>	<u>final</u>	
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Phone			
Job Title			
Supervisor	Hourly Rate / Salary		
Reason for Leaving	<u>starting</u>	<u>final</u>	
May we contact for a reference? * yes * no * later			
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Address City State	<u>From</u>	<u>To</u>	
Phone			
Job Title			
Supervisor	Hourly Rate / Salary		
Reason for Leaving	<u>starting</u>	<u>final</u>	
May we contact for a reference? * yes * no * later			

COMMENTS

Include explanation of any gaps in employment dates: _____

SPECIALIZED SKILLS

Are you currently licensed in Tennessee as a health care professional (RN, LPN, MLT, etc.)? * yes * no
If yes, list profession, license # and expiration date:
Are you currently certified as a Nurse Aide in Tennessee? * yes * no Have you ever been certified? * yes * no
Are you currently certified in any of the following? (check all that apply)
* BLS * ACLS * PALS * Other _____
Do you have a valid Tennessee driver's license if required for the position? * yes * no
List any additional courses, certifications, or special skills which you feel may be helpful to us in considering your application:

EDUCATION

School	Name and Location of School	Course of Study	Years Completed	Diploma / Degree
High School				
College or Vocational School				
Graduate				
Other (Specify)				

PROFESSIONAL / PERSONAL REFERENCES *(Do not include family members)*

Name	Occupation	Relationship to You	Telephone	# of Years Known
1.				
2.				
3.				

List any additional information you would like us to consider. _____

PLEASE READ THIS SECTION CAREFULLY AND SIGN AT THE BOTTOM

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify the information given by me in this application is true in all respects. I understand and agree that any material misrepresentation or deliberate omission of a fact on this application may be justification for refusal of, or if employed, termination from employment without notice. I understand this is an application for employment and that no contract is being offered.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Rhea Medical Center reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. I understand that no supervisor or representative of Rhea Medical Center is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Administrator/CEO. I understand that Rhea Medical Center may revise or change policies, procedures, wages, benefits, work hours or other conditions at any time.

It is my understanding that Rhea Medical Center will make a thorough investigation of my work history and may verify all data given in my application for employment, related papers or oral interviews. I expressly authorized Rhea Medical Center, its representatives or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me. I hereby waive any and all rights and claims I may have regarding Rhea Medical Center, its representatives, or agents for seeking and using truthful, non-defamatory information in the employment process.

I agree to submit to a drug test prior to beginning work.

Signature of Applicant

Date