

# Application for Employment

Southwestern Memorial Hospital, 215 N. Kansas  
Weatherford, OK 73096 (580) 772-5551

NOTICE TO APPLICANTS  
AND EMPLOYEES  
Screening for alcohol and illegal drug  
use may be required before hiring and  
during your employment here.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, or national origin, or other protected classification. Please answer each question completely. If you do not understand a question, please ask for assistance. Your application will be retained in our files for one year.

Position (s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Other Phone # (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you 18 years of age or older?.....  Yes  No

Are you currently employed? .....  Yes  No

Are you legally eligible for employment in this country?.....  Yes  No

Are you related to anyone working here? .....  Yes  No

If yes, name: \_\_\_\_\_

Have you submitted an application here before?.....  Yes  No

If yes, when: \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If yes, date: \_\_\_\_\_

Employment desired  Full-Time  Part-Time

Shift Preferred: \_\_\_\_\_

Are there any hours, shifts, or days you cannot or will not work? .....  Yes  No

If yes, which: \_\_\_\_\_

Will you work overtime, if required? .....  Yes  No

Date Available for work: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you able to meet the attendance requirements of the position? .....  Yes  No

Do you have any physical condition that may limit your ability to perform the job applied for without reasonable accommodation? .....  Yes  No

Have you been convicted of a felony? \* .....  Yes  No

If yes, please explain \_\_\_\_\_

\*A conviction will not necessarily disqualify an applicant from employment.

## Educational Background

EDUCATION	NAME AND LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College				
College				
Other Training & Courses				

(continued on back)

## Employment History

Provide the following information for your past 3 employers, assignments or volunteer activities, starting with the most recent. May we contact your present employer?  Yes  No

From	To	Employer	Telephone (    )
Job Title		Address	
Immediate Supervisor & Title		Nature of Work Performed	
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____      Final \$ _____ per _____	
From	To	Employer	Telephone (    )
Job Title		Address	
Immediate Supervisor & Title		Nature of Work Performed	
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____      Final \$ _____ per _____	
From	To	Employer	Telephone (    )
Job Title		Address	
Immediate Supervisor & Title		Nature of Work Performed	
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____      Final \$ _____ per _____	

**Skills and Qualifications.** Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

**Certificate/License #** \_\_\_\_\_ **State:** \_\_\_\_\_

**References:** List 2 people not related to you who have known you for at least one year.

Name	Address	Phone #	Years Known

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and agree that as a condition of my employment I may be required to submit to a physical examination and a criminal arrest check as may be required. I understand that this is an application and is not intended to be a contract of employment. In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Hospital. I hereby authorize Southwestern Memorial Hospital to contact prior employers and personal references to obtain any and all information related to by past work performance. I understand that employment at Southwestern Memorial Hospital is "AT WILL", which means that either I or SMH can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_