



ROUNDUP MEMORIAL  
HEALTHCARE

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_

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

Email: \_\_\_\_\_ List special certificates: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three professional references. Please do not list family members or friends.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

## Disclaimer and Signature

Read and sign:

In order to apply for the position(s), in which you are interested, you are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability of performing the essential functions of the position(s). If you are given an offer of employment, you will be required to submit to pre-placement arrangements to accommodate a physical or mental limitation, you may contact the Human Resources Department and suggest the kind of accommodation you believe would be appropriate.

All information provided by me on the application is complete and accurate. I understand that if my application is incomplete, it may not receive further consideration. I understand that any false answers or statement made by me on this application or any supplement thereto, or any omission of any requested information may be grounds for immediate discharge. I understand this is an application for employment only and does not imply or create an employment contract. I understand if I am hired, I am subject to a probationary period. Roundup Memorial Healthcare reserves the right to terminate my employment at any time or any reason or no reason at all during the probationary period.

I grant permission for Roundup Memorial Healthcare to investigate and solicit information related to my personal information, professional licensure/certification, education and training, criminal background information, references, and employment history, and I hereby release Roundup Memorial healthcare and all other parties from any and all liability and claims for damages that may result therefrom.

My typed name below shall have the same force and effect as my written signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_