

REFERENCES:

List the name, address, and phone number of two professional references (do not include relatives).

1. _____
2. _____

EMPLOYMENT/VOLUNTEER HISTORY: (include any relevant volunteer experience)

| | |
|-------------------------------|---|
| Previous Employer: | Dates (Mo/Yr): From: _____ To: _____ |
| Address: | Total Time Employed: |
| Phone: _____ Job Title: _____ | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Supervisor: | <input type="checkbox"/> Temporary <input type="checkbox"/> On Call |
| Reason for Leaving: | May We Contact? |
| Duties: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-------------------------------|---|
| Previous Employer: | Dates (Mo/Yr): From: _____ To: _____ |
| Address: | Total Time Employed: |
| Phone: _____ Job Title: _____ | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Supervisor: | <input type="checkbox"/> Temporary <input type="checkbox"/> On Call |
| Reason for Leaving: | May We Contact? |
| Duties: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICANT CERTIFICATION/RELEASE OF INFORMATION

(Please Read Carefully)

I certify that the information contained in this application is true and complete. I understand that any misrepresentation or willful omission of facts is cause for immediate dismissal.

I hereby authorize HRMC to investigate my statements and conduct a background investigation if deemed necessary. All employers, educational institutions, law enforcement agencies, state and federal courts, and references listed are hereby authorized to give HRMC any and all information regarding my employment, background, or character. HRMC and all employers, educational institutions, law enforcement agencies, state and federal courts, and references are hereby released from any and all liability which may result from furnishing or using such information.

I understand that my acceptance as a volunteer is contingent upon passing a health assessment relevant to the position applied for in this application, and I agree to undergo the assessment. HRMC comply with the ADA and make reasonable accommodations for essential job functions, as may be requested and appropriate. I further understand that it is a condition of employment that all volunteers will follow hospital policies and procedures.

I also agree that any personal property carried by me to and from HRMC premises may be inspected by HRMC authorized personnel.

The use of the application blank does not indicate there are positions open and does not in any way obligate HRMC. Additionally, this application should not be considered as an employment agreement. Any decisions regarding length of service, interpretation, or application of policies or procedures by the Hospital will be final and binding on all parties concerned. I further agree that my position can be terminated at will, with or without cause and with or without notice, at anytime either at my option or at the option of HRMC.

Applicant's Signature: _____ *Date* _____

PLEASE DO NOT WRITE BELOW THIS LINE

Approved by: _____

- HR-Original
- Administration
- Auxiliary
- Membership Chair

Please check appropriate area(s)

- Pink Lady
- Hospice
- Pastoral Care