

HOLDENVILLE GENERAL HOSPITAL

Application for Employment

Employee Information

Last Name		First Name		Today's Date	
Street Address:				Apt/Unit #:	
City:		State:		ZIP:	
Phone:		Email Address:			
Date Available:		SS#		Desired Salary:	
Are you a citizen of the United States?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the US? Y N	
Have you previously worked for this company?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If so, when?	
Have you been convicted of a felony?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain	

Position(s) Applied For

Education

High School:		Location:			
From:	To:	Did you graduate?	YES	No	Degree:
College:		Location:			
From:	To:	Did you graduate?	YES	No	Degree:
High School:		Location:			
From:	To:	Did you graduate?	YES	No	Degree:

References- Please List 3 Professional References.

Full Name:		Phone:
Relationship to Applicant:		

Full Name:		Phone:
Relationship to Applicant:		

Full Name:		Phone:
Relationship to Applicant:		

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Ending Salary \$	
From	To	Reason for Leaving	

Company		Phone	
Address		Supervisor	
Job Title		Ending Salary \$	
From	To	Reason for Leaving	

Company		Phone	
Address		Supervisor	
Job Title		Ending Salary \$	
From	To	Reason for Leaving	

Disclaimer and Signature

PLEASE READ CAREFULLY BEFORE SIGNING

I testify that all answers given in this application are true and correct to the best of my knowledge and belief. I understand that any omission or misrepresentation will disqualify my application or be cause for dismissal. I also authorize the authorities of Holdenville General Hospital to investigate all statements and references and release said hospital from any and all liability resulting from such investigation. I consent to medical examinations or other tests required for this position I am applying for and understand that if I am employed, I will be on a probationary basis for 90 days from date of employment. Upon termination, I authorize the release of reference information on my work. I also agree, if employed, to serve to the best of my ability and to abide by the policies established by the board of directors and the administration of Holdenville General Hospital. I understand that this application **does not** constitute and employment contract. I further understand that Holdenville General Hospital is an equal opportunity employer and does not discriminate based on age, sex, race, creed, color or natural origin or handicap.

APPLICANT SIGNATURE

DATE

For questions or more information about employment opportunities with
Holdenville General Hospital contact the
Human Resources Office
100 McDougal Drive
Holdenville, Ok 74848
405-379-4286
1-866-966-0661