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NAME DATE

APPLICATION FOR EMPLOYMENT

**Southern Dominion Health System, Inc.**

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

## SDHS is an Equal Opportunity Employer

|  |
| --- |
| **PERSONAL INFORMATION**Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home or Nearest Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. \_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City) (State) (ZIP)Contact in Case of Emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) (Telephone Number)If at present address less than one year, please give previous address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you at least 18 years of age? ⁭**Yes** ⁭ **No** (Employment is subject to verification of minimum legal age) Can you produce documented proof of your identity & eligibility for employment in the U.S.? ⁭ **Yes** ⁭ **No** (Examples: Driver’s License, Social Security card, birth certificate, and/or Immigration & Naturalization Service documents) |

Position(s) applied for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How soon could you report to work?\_\_\_\_\_\_\_\_\_\_\_\_

Type of employment desired: ⁭ Full-Time ⁭ Part-Time ⁭ Temp. Rate of pay expected?\_\_\_\_\_\_\_\_\_\_\_

What days and hours, if part-time? Days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 From ( ) a.m. to ( ) p.m.

# EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of School** | **Name and Address of School** | **Courses Majored In** | **Circle Last Year Completed** | **Graduate?****Show Degree** |
| Elementary/Middle |  |  |  5 6 7 8 |  |
| High School |  |  |  9 10 11 12 |  |
| College |  |  |  1 2 3 4 |  |
| Post Graduate |  |  |  |  |

Have you applied for a job with us before? ⁭ **Yes** ⁭ **No**  Have you ever worked for us before? ⁭ **Yes** ⁭ **No**

How did you come to apply? ⁭ Employee Referral ⁭ Former Employee ⁭ Newspaper Ad

⁭ High School Recruitment ⁭ College Recruitment ⁭ Walk-In ⁭ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a violation of the law except a minor traffic violation? ⁭**Yes** ⁭ **No**  If yes, state date, court, and place where offense occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (A conviction will not necessarily disqualify you from employment)

Have you ever been discharged or requested to resign from a position? ⁭ **Yes** ⁭ **No**

Are you employed now? ⁭ **Yes** ⁭ **No**  If yes, may we contact your present employer? ⁭ **Yes**  ⁭ **No**

Have you ever been bonded? ⁭ **Yes** ⁭ **No** Have you ever been refused a bond? ⁭ **Yes** ⁭ **No**  If yes, state reason and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material)? ⁭ **Yes**  ⁭ **No**

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have reason to believe that you would have difficulty meeting this company’s work schedules? ⁭ **Yes** ⁭ **No**

Can you travel if the job requires it? ⁭ **Yes**  ⁭ **No**

**PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)**

|  |  |
| --- | --- |
| 1. Name and Address of Most Recent Employer | Telephone No. |
|  Immediate Supervisor (Name & Position) | Date Hired | Starting Rate |
|  Job Title & Duties | Date Left | Last Rate |
|  Reason for Leaving | May we contact this employer? ⁭ **Yes** ⁭ **No**  |
| 2. Name and Address of Most Recent Employer | Telephone No. |
|  Immediate Supervisor (Name & Position) | Date Hired | Starting Rate |
|  Job Title & Duties | Date Left | Last Rate |
|  Reason for Leaving | May we contact this employer? ⁭ **Yes** ⁭ **No**  |
| 3. Name and Address of Most Recent Employer | Telephone No. |
|  Immediate Supervisor (Name & Position) | Date Hired | Starting Rate |
|  Job Title & Duties | Date Left | Last Rate |
|  Reason for Leaving | May we contact this employer? ⁭ **Yes** ⁭ **No**   |

|  |
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| Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### REFERENCES

**(Do not list relatives or former employers)**

|  |  |  |
| --- | --- | --- |
| Name  | Address | Telephone |
| Name | Address | Telephone |
| Name | Address | Telephone |

**PROFESSIONAL LICENSE**

Type of License Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_

Type of License Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Professional Memberships**: *Please list any professional, trade, or business organizations that pertain to this position:*
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NOTICE TO APPLICANTS** |

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

**If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.**

**If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact know to the individual processing your application.**

|  |
| --- |
| **APPLICANT AGREEMENT AND CERTIFICATION** |

**“I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.”**

**“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right.”**

**“I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time.”**

If an offer of employment is made, I agree to submit to a medical examination, including a drug test, and understand that my subsequent employment will be contingent on the results of the medical examination and drug test.

**I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and workers’ compensation claim history, and that all such information will be retained by the examining physician in his/her confidential medical files, to be released only in accordance with federal and state law. I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired**

**“I understand that this application will be kept on active file for 180 days from the date completed, after which time I would have to reapply in accordance with established company procedures.”**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Applicant’s Signature) (Date)**

**Please mail completed applications to:**

Southern Dominion Health System, Inc.

P.O. Box 70

Victoria, VA 23974

**Attn**: Human Resources Manager