



# Application for Employment

Hampton Regional Medical Center  
595 West Carolina Avenue  
PO Box 338  
Varnville, SC 29944

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Permanent Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

If you cannot be reached at above phone number, where may we contact you? Phone \_\_\_\_\_ Name of Person \_\_\_\_\_

**EMPLOYMENT DESIRED**

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		

How Did You Learn Of This Opening? \_\_\_\_\_

Will You Accept Employment of:  Full time  Part time  Temporary

Date Available \_\_\_\_\_ If Under 18 Yrs. of Age, Do You Have a Work Permit?  Yes  No

**EDUCATION/TRAINING**

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	
Lab or X-Ray Training			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	
Other Classes/Training				

Extracurricular Activities While in School \_\_\_\_\_

Area of Specialization or Major Interest \_\_\_\_\_

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel are Related to the Position for Which You are Applying: \_\_\_\_\_

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

Type	Organization or State Issued	Date Issued	Number	Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

**MILITARY RECORD**

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty

Specialized Training: \_\_\_\_\_

List Service Awards, Commendations: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List current (or most recent) employer first and all others in reverse chronological order.

Company Name	Dates Employed From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone	Starting Salary \$	Ending Salary \$			
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Dates Employed From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone	Starting Salary \$	Ending Salary \$			
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Dates Employed From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone	Starting Salary \$	Ending Salary \$			
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Dates Employed From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone	Starting Salary \$	Ending Salary \$			
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Dates Employed From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone	Starting Salary \$	Ending Salary \$			
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No						



Have you ever been convicted of a crime?  Yes  No If so, for what, when and where? \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which may assist us in placing you. \_\_\_\_\_

**REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS**

Name And Relationship	Title	Company Name & Address	Telephone

**AVAILABILITY INFORMATION**

Please Indicate Days and Hours You Are Available For Work (Be Specific)		
Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Primary position desired \_\_\_\_\_

Will you accept another position?  Yes  No

If so, what? \_\_\_\_\_

Are you available to work:

Weekends  Yes  No      Holidays  Yes  No

Rotating Shifts  Yes  No      On Call  Yes  No

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

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

If your availability status changes, it is your responsibility to notify your department head or the administrator. Such changes will be effective, then, for any future employment.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

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

Date \_\_\_\_\_