

**ALLEGHANY MEMORIAL HOSPITAL  
APPLICATION FOR EMPLOYMENT**

**NAME (LAST, FIRST, INITIAL)-** \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE- HOME** \_\_\_\_\_ **CELLULAR-** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**POSITION FOR WHICH YOU ARE APPLYING :** \_\_\_\_\_

**SALARY REQUIREMENTS \$** \_\_\_\_\_ **APPLYING FOR- FULL TIME** \_\_\_\_\_ **PRN** \_\_\_\_\_

**WOULD YOU BE WILLING TO WORK DAY OR NIGHT SHIFT?** YES NO **WEEKENDS/HOLIDAYS** YES NO

**DATE AVAILABLE TO WORK** \_\_\_\_\_

**HOW WERE YOU REFERRED TO US?** Friend Employee Newspaper Website

**HAVE YOU WORKED AT AMH BEFORE?** Yes No

**ARE YOU AWARE OF ANY CIRCUMSTANCE THAT WOULD PREVENT YOU FROM EMPLOYMENT?** Yes No

**HAVE YOU EVER BEEN:** Convicted of a crime? Yes No Excluded from Medicare? Yes No

**EDUCATION BACKGROUND**

HIGH SCHOOL

**NAME** \_\_\_\_\_ **TELEPHONE No.** \_\_\_\_\_

**YEARS COMPLETED** 1 2 3 4 **DID YOU GRADUATE** Y N

COLLEGE OR OTHER TRAINING

**NAME** \_\_\_\_\_ **TELEPHONE No.** \_\_\_\_\_

**YEARS COMPLETED** 1 2 3 4 5 **DID YOU GRADUATE** Y N **DEGREE** \_\_\_\_\_

**COMPUTER SKILLS** EXCELLENT GOOD FAIR POOR

**CURRENT LICENSE OR CERTIFICATION** \_\_\_\_\_

**Issuing state** \_\_\_\_\_ **Date** \_\_\_\_\_ **No.** \_\_\_\_\_

**PLEASE LIST NAME, ADDRESS, AND TELEPHONE NUMBER OF PREVIOUS EMPLOYERS STARTING WITH MOST RECENT FIRST.**

**Employer Name** \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Dates- From \_\_\_\_\_ to \_\_\_\_\_

Salary/Hourly rate \$ \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

**Employer Name** \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Dates- From \_\_\_\_\_ to \_\_\_\_\_

Salary/Hourly rate \$ \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

**Employer Name** \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Employment Dates- From \_\_\_\_\_ to \_\_\_\_\_

Salary/Hourly rate \$ \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

**May we contact your current employer Yes No Previous employers Yes No**

**If no, explain:**

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Please list any volunteer activities with which you have been involved:

**PERSONAL REFERENCES (3) THAT ARE NOT RELATIVES OR EMPLOYERS:**

|               |                      |
|---------------|----------------------|
| Name _____    | How Long Known _____ |
| Company _____ | Telephone _____      |
| Name _____    | How Long Known _____ |
| Company _____ | Telephone _____      |
| Name _____    | How Long Known _____ |
| Company _____ | Telephone _____      |

**APPLICANTS STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that this application will be active for up to one year. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any work relationship with this organization is of an “at will” nature and this application is not a contract for employment. I also understand that in the event that I am employed, any false or misleading information given in this application or interview may result in termination of employment.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_