

EMPLOYMENT APPLICATION



Puna Community Medical Center
An Equal Opportunity Employer

The information you provide will be used to determine whether you meet the minimum qualification requirements specified in the vacancy announcement. **It is Puna Community Medical Center's policy to provide equal opportunity in all areas of the employment practices and to assure that there is no discrimination against its employees or applicants** on the basis of race, sex (including pregnancy), sexual orientation, age, religion, color, ancestry, national origin, disability, marital status, U.S. veteran status, national guard participation, arrest and court record (except as permitted by law) or other protected status.

Please type or print legibly in ink

1. Title Of Job Applying For:			2. Recruitment Number:		
3. Name (last, first, middle):			4. Phone Number(s):		
Home:			Work:		
5. Mailing Address:			E-mail:		
Number, Street					
City		State	Zip Code		
6. Previously employed with PCMC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when: _____ Position Title _____					
I will accept job which is: A. <input type="checkbox"/> Full-Time B. <input type="checkbox"/> Part-Time					
How did you hear about this position? <input type="checkbox"/> PCMC Website <input type="checkbox"/> Family/Friends <input type="checkbox"/> Newspaper specify: _____					
<input type="checkbox"/> Other, specify _____		<input type="checkbox"/> Journal/Magazine, specify _____		<input type="checkbox"/> Internet, specify _____	

7. EDUCATION: Please submit proof or evidence of having completed the course(s) of study.

Name and location of last grade attended: (elementary, intermediate or high school)		Highest Grade Completed:	
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In-Service Training, Business, Trade, Armed Forces, College or University, Graduate or Professional Schools

Name & Address	From		To		Course Or Major Field Of Study	Number Of Credits Or Hours Completed		Kind Of Degree, Diploma Or Certificate Received
	Mo.	Yr.	Mo.	Yr.		Sem'tr	Quarter	

8. OTHER QUALIFICATIONS:

LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the State or other licensing authority. <i>If proof or evidence is required as indicated in the vacancy announcement, please submit a copy or present for verification.</i>	
1) PROFESSIONAL LICENSE:	2) OTHER (DRIVER'S LICENSE, etc.):
Identification Number:	
Expiration Date:	
Type:	

9. EXPERIENCE. Please begin with your present or last employment and work backward showing all of your employment for the past 20 years. In addition, describe all training, including military service and volunteer work, which you have received. To receive full credit for your experiences, use separate blocks if your duties and responsibilities changed while working for the same employer describing in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and types of employees you supervised. If more space is needed use a blank sheet and attach it to this form. Your answers may be verified with former employers. **NOTE:** If you do **not** have any work experience, please indicate "No work experience" or "No employment history" in this section. Your employment application may be disqualified, if you fail to complete this section thoroughly. **Please complete even if attaching a resume.**

PRESENT OR LAST POSITION	Employer				From (mm/yy):			To (mm/yy):			DO NOT WRITE IN THIS SPACE	
	Employer's Address				Phone Nbr:			Average Hrs per week:				
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Vol	Starting Salary:			Per:			Ending Salary:				
	Name & Title of Your Supervisor					Your Title						
	Duties & Responsibilities											
	Reasons for Leaving:				May we contact your present employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Employer				From (mm/yy):			To (mm/yy):					
Employer's Address				Phone Nbr:			Average Hrs per week:					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Vol	Starting Salary:			Per:			Ending Salary:					
Name & Title of Your Supervisor					Your Title							
Duties & Responsibilities												
Reasons for Leaving:												
Employer				From (mm/yy):			To (mm/yy):					
Employer's Address				Phone Nbr:			Average Hrs per week:					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Vol	Starting Salary:			Per:			Ending Salary:					
Name & Title of Your Supervisor					Your Title							
Duties & Responsibilities												
Reasons for Leaving:												
Employer				From (mm/yy):			To (mm/yy):					
Employer's Address				Phone Nbr:			Average Hrs per week:					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Vol	Starting Salary:			Per:			Ending Salary:					
Name & Title of Your Supervisor					Your Title							
Duties & Responsibilities												
Reasons for Leaving:												

10. CERTIFICATION (Please read carefully before signing)

- A. I certify that all statements made on this application for employment are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission, whenever discovered, is grounds for the denial of or immediate separation from employment.
- B. If employed by the Puna Community Medical Center (PCMC), I agree to conform to the policies of the PCMC. I understand that if appointed to an exempt position, my exempt employment is "at will" and may be terminated by myself or by PCMC with or without cause.
- C. I consent to and authorize PCMC to communicate with all my former employers, school officials, government agencies, and persons named as references, and to make any investigation of my employment history. In consideration for PCMC's review of this application, I release PCMC and any other person or company responding to any reference or information from any claim or liability regarding any information or opinion supplied. I understand that any offer of employment is subject to satisfactory references. In consideration for employment, I further authorize PCMC to disclose information about my job performance with PCMC to any prospective employer upon request of that prospective employer. I specifically waive any claims against PCMC for such disclosure unless it is established by clear and convincing evidence that such information was knowingly false or rendered with malicious purpose and also such disclosure was not otherwise privileged.
- D. I understand that other checks required by PCMC to comply with various governmental programs such as Medicare and Medicaid will be conducted and any offer of employment and continued employment will be contingent on the satisfactory return of these checks.
- E. State and Federal criminal history record checks will be conducted. Depending on the circumstances, an applicant with a conviction may be denied employment.
- F. I understand that if I am offered employment, I will be required to submit proof of U.S. citizenship or immigration documentation establishing authorization to work in the United States.
- G. I understand and agree that if I am employed by PCMC, all of the foregoing terms are continuing conditions of my employment with PCMC.

Applicant's Signature

Date
