



# Prexus Health

(an Equal Opportunity Employer)

## APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. As a healthcare provider we strive to promote a healthy environment and smoking is prohibited anywhere in the facility or on the campus.

### APPLICANT INFORMATION

Which facility are you interested in? \_\_\_\_\_

Please answer the following questions completely and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please print, except for your signature at the end of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Were you referred by a current employee? Yes  No  If yes who referred you? \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  PRN  ? When could you start? \_\_\_\_\_

Last Name	First Name	Middle Name	Telephone Number
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Present Street Address	City	State	Zip Code
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Are you 18 years of age or older? ..... Yes  No

(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? ..... Yes  No

Social Security # (optional) \_\_\_\_\_

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Have you ever previously been employed at a Prexus Health Partner facility or one of its facilities? ..... Yes  No

If Yes, what were your dates of employment? \_\_\_\_\_

If Yes, what was the name of the facility? \_\_\_\_\_

If Yes, what was your name when you were previously employed? \_\_\_\_\_

Can you perform the essential functions of this potential job? ..... Yes  No

Do you require any accommodation to perform the essential functions of this job? ..... Yes  No

If Yes, please explain \_\_\_\_\_

Are you currently or have you previously been excluded, suspended, or otherwise been ineligible for participation in federal programs, or do you have a controlling interest in an entity that has been so excluded or suspended? Have you ever been sanctioned, disciplined, disbarred, and/or excluded by a duly authorized agency, or are there current restrictions/limits on your license or certification? ..... Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last 10 years, (criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements) ..... Yes  No

If yes please explain. \_\_\_\_\_

If employed, do you expect to be engaged in any additional business

or employment outside of our job? ..... Yes  No

If yes, give details \_\_\_\_\_

For Driving Jobs ONLY: Do you have a valid driver's license? ..... Yes  No   
 Driver's License # \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_  
 Have you had your driver's license suspended or revoked in the last 3 years? ..... Yes  No   
 If yes, give details \_\_\_\_\_

### EDUCATION

	Name of School	Address	Subjects Studied	Years Completed	Diploma/Degree Certificate
High School or GED:	_____				
College or	_____				
Vocational or Technical:	_____				

### WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$                      FINAL \$
SUPERVISOR(S)	TELEPHONE
REASON FOR LEAVING	
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$                      FINAL \$
SUPERVISOR(S)	TELEPHONE
REASON FOR LEAVING	
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$                      FINAL \$
SUPERVISOR(S)	TELEPHONE
REASON FOR LEAVING	

## WORK HISTORY (Cont.)

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ <span style="float: right;">FINAL \$</span>
SUPERVISOR(S) <span style="float: right;">TELEPHONE</span>	REASON FOR LEAVING

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ <span style="float: right;">FINAL \$</span>
SUPERVISOR(S) <span style="float: right;">TELEPHONE</span>	REASON FOR LEAVING

### SPECIAL SKILLS

What skills or training do you have that are related to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

List any relatives or family members who work at this Facility for which you are applying \_\_\_\_\_

### REFERENCES

Have you worked or attended school under any other names? ..... Yes  No

If yes, list names: \_\_\_\_\_

Are you presently employed? ..... Yes  No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? ..... Yes  No

If yes, please explain: \_\_\_\_\_

Provide three professional references that are not relatives, and at least one of the same profession (i.e. RN, etc.)

NAME	AFFILIATION	PHONE

**AFFIDAVIT, CONSENT AND RELEASE**  
**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization's representative for details.