



Wagoner Community Hospital

1200 West Cherokee
Wagoner OK 74467
918 / 485-1352

Received Date: _____

For Human Resource Use Only
Recruiter _____
Forwarded to: _____
Hired Requisition No _____

Applicant Name: Last _____ First _____ MI _____ Other names _____ Application Date _____

Address: Streets / PO Box / Apt No. _____ City _____ State _____ Zip Code _____

Email Address _____

Telephones Home _____ Work _____ Message _____ Emergency Contact _____

Are you under the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	How did you hear about this job opportunity? Wagoner Community Hospital Postings <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Employee <input type="checkbox"/> Job Fair (Where?) <input type="checkbox"/>
Are you able to perform the duties of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Have you ever been employed/applied with Wagoner Community Hospital? Yes No

List relatives currently employed with Wagoner Community
Hospital _____
Where/When? _____

Position Desired _____

First Choice _____

Second Choice _____

Third Choice _____

Shift Preference: Full Time Part Time Part Time/Occasional Temporary
7-3 Rotating Shift 11-7 3-11 7a-7p 7p-7a Other _____
Salary Expected \$ _____ Date Available _____

Licensures

Original State _____	License # _____	Exp. Date _____
Add'l State _____	License # _____	Exp. Date _____
Add'l State _____	License # _____	Exp. Date _____

Is your license restricted? _____ If yes, what accommodations are required? _____

Education	Name and Location of School	Diplomas/Degrees Received	Date Degrees Conferred
Secondary School (High School)	_____	_____	_____
College	_____	_____	_____
Tech School	_____	_____	_____
Graduate School	_____	_____	_____

If no formal education, date GED received? _____

List your employers for the last ten years beginning with the most recent. Include as a separate item, all periods of unemployment exceeding ninety days, military service and schooling. A resume will NOT be accepted in lieu of the completed work history section of this application.

WORK HISTORY

Employer name _____	Address _____	City _____	State _____	Phone Number _____
<hr/>				
Employment Dates	Job Title	Name of Supervisor		
From _____ To _____	_____	_____		
Job Duties _____				
<hr/>				
Reason for leaving this employer _____				

Employer name _____	Address _____	City _____	State _____	Phone Number _____
<hr/>				
Employment Dates	Job Title	Name of Supervisor		
From _____ To _____	_____	_____		
Job Duties _____				
<hr/>				
Reason for leaving this employer _____				

Employer name _____	Address _____	City _____	State _____	Phone Number _____
<hr/>				
Employment Dates	Job Title	Name of Supervisor		
From _____ To _____	_____	_____		
Job Duties _____				
<hr/>				
Reason for leaving this employer _____				

Professional References - Familiar with work performed (At least two professional - Non-Relative)

Name _____	Occupation _____	Phone Number _____
<hr/>		
Address _____	City _____	State _____ Zip _____
<hr/>		
Name _____	Occupation _____	Phone Number _____
<hr/>		
Address _____	City _____	State _____ Zip _____

I hereby authorize Wagoner Community Hospital to obtain from my former employers all data and records, including the same from a consumer reporting agency needed to support this application. I hereby release my former employers and individuals connected therewith, and further release Wagoner Community Hospital from liability for any damage whatsoever incurred in furnishing such information. I hereby certify that the forgoing statements are, to the best of my knowledge, true correct, and I agree that any misstatements or omissions of material facts will constitute grounds for denial of or dismissal from employment. I hereby acknowledge I am willing to work the scheduled shifts pursuant to the employee handbook. I AM AWARE MY EMPLOYMENT IS CONDITIONED UPON THE SUCCESSFUL COMPLETION OF A POST-OFFER PHYSICAL EXAMINATION WHICH WILL INCLUDE A TEST FOR SUBSTANCE ABUSE, AND RECEIPT OF VALID DOCUMENTATION VERIFYING MY ELIGIBILITY FOR EMPLOYMENT. In consideration of my employment, I agree to conform to all local, state and federal laws, and to the rules, regulations, policies and procedures of Wagoner Community Hospital. In addition, I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be a general statement of Wagoner Community Hospital's policies. I further understand that employment is at will.

Wagoner Community Hospital may contact my present employer Yes No

Date

Applicant signature

UPON COMPLETION

Mail To: Wagoner Community Hospital
Human Resources Department
1200 W Cherokee St.,
Wagoner, OK 74467

Fax To: 918 / 485-9701

RELEASE AND AUTHORIZATION

In connection with my Employment Application with Wagoner Community Hospital or as a current employee of Wagoner Community Hospital, I understand and acknowledge that an investigative background inquiry will be made, which will include but may not be limited to, an inquiry into my criminal, driving, and other records and reports. I further understand and acknowledge that these reports will include past employment performance and experience, and reasons for my termination from past employers.

I further understand and acknowledge that as a part of their inquiry, Wagoner Community Hospital will request appropriate private or governmental agencies to conduct a criminal background check on me and to report the results of that background check to Wagoner Community Hospital. I understand that an unsatisfactory record will be grounds for unfavorable consideration or dismissal from employment.

I hereby voluntarily and knowingly authorize Wagoner Community Hospital to engage in the above described inquiries, and further authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, administrator, law enforcement agency, state agency, federal agency, private business, military branch, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, character, and employment records requested by Wagoner Community Hospital.

I further understand that any omission, misrepresentation or falsification of information in response to any question during the application process or during my employment with Wagoner Community Hospital may result in my being refused employment or, if already in the employment of Wagoner Community Hospital, my immediate termination.

I voluntarily, knowingly and unconditionally release Wagoner Community Hospital and person, agency or provider of information to Wagoner Community Hospital from any and all liability, resulting from the furnishing of any information covered by this Release and Authorization. This authorization shall be valid during the pre-employment process and throughout any employment with Wagoner Community Hospital.

Print Full Name _____

Other Names Known By _____

Social Security Number _____ Date of Birth _____

Applicant's Signature _____ Date _____

Current Address _____

City _____ State _____ Zip Code _____