



IRON COUNTY MEDICAL CENTER

301 N. Highway 21
P.O. Box 548
Pilot Knob, MO 63663
(573) 546-1260
www.icmedcenter.org

EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Earliest date available: _____ Desired Salary: \$ _____
Month Day Year

Position(s) applying for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this facility? YES NO If yes, when? _____

Do you have any specialized licensing/trng.? YES NO If yes, explain: _____

Do you have any relative(s) in our employ? YES NO If yes, provide name(s), relationship(s) and work location(s):

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO If not, why? _____

Previous Employment Cont d.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO If not, why? _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO If not, why? _____

Education

High School: _____ Address: _____

Specific Studies: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Specific Studies: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Specific Studies: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

In making this application for employment, I certify that the statements I have made are true, complete and correct, and I agree that any willfully false statements or misrepresentations herein, whenever discerned, are just cause for Iron County Medical Center either to refuse to hire me or to terminate my employment. Further, I authorize any school or former employer (unless otherwise indicated) to disclose to Iron County Medical Center, upon request, any information they may have with regard to my record, performance and/or attendance and will hold such school and employers harmless for such disclosure. I understand that I will be required to undergo a drug screening test, a background check and a tuberculin test following an offer of employment and that my employment is contingent upon the results of these tests. I have read and understand and do agree to these requirements.

In consideration of my employment, I agree to conform to the rules and regulations of Iron County Medical Center. I also agree that my employment and compensation at Iron County Medical Center would be "at will" and that there would be no guarantee of continued employment, either express or implied. I acknowledge that I would have the right to terminate my employment at any time without limitation or condition. I understand that ICMC retains this same right.

Printed Name: _____ Date: _____

Signature: _____