



Were you in the U.S. Armed Forces?                      Yes                      No                      If so, what Branch? \_\_\_\_\_

Rank at discharge: \_\_\_\_\_                      List duties in the service including special training: \_\_\_\_\_

**EMPLOYMENT HISTORY --**      *Please list all paid positions, beginning with the most recent. Use additional pages if necessary.*

1. Dates Worked	From	To	Salary. Starting	Final
Employer's Name		Your Job Title and Duties		
Employers Address	Street			
City	State	Zip		
Supervisor's Name		Reason for Leaving		
Supervisor's Title	Supervisor's Telephone No		May this employer be contacted at this time for a reference?	Yes      No

2. Dates Worked	From	To	Salary. Starting	Final
Employer's Name		Your Job Title and Duties		
Employers Address	Street			
City	State	Zip		
Supervisor's Name		Reason for Leaving		
Supervisor's Title	Supervisors Telephone No		May this employer be contacted at this time for a reference?	Yes      No

3. Dates Worked:	From	To	Salary Starting	Final
Employer's Name		Your Job Title and Duties		
Employer's Address	Street			
City	State	Zip		
Supervisor's Name		Reason for Leaving		
Supervisor's Title	Supervisors Telephone No.		May this employer be contacted at this time for a reference?	Yes      No

4. Dates Worked	From	To	Salary: Starting	Final
Employer's Name		Your Job Title and Duties		
Employers Address	Street			
City	State	Zip		
Supervisor's Name		Reason for Leaving		
Supervisor's Title	Supervisor's Telephone No		May this employer be contacted at this time for a reference?	Yes      No

5. Dates Worked: From _____ To _____		Salary: Starting _____	Final _____
Employer's Name _____		Your Job Title and Duties _____	
Employers Address _____	Street _____		
City _____	State _____	Zip _____	
Supervisors Name _____		Reason for Leaving _____	
Supervisor's Title _____	Supervisor's Telephone No _____	May this employer be contacted this time for a reference? Yes _____ No _____	

Please account for all periods of unemployment longer than three (3) months \_\_\_\_\_

**IF YOU ARE APPLYING FOR A CLERICAL POSITION, PLEASE COMPLETE THE FOLLOWING:**

// Typing: WPM \_\_\_\_\_ // Shorthand Dictation: WPM \_\_\_\_\_ // Dictaphone \_\_\_\_\_  
// Personal Computer (list types and programs) \_\_\_\_\_  
What business machines can you operate: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATED?	DEGREE OR DATE LAST ATTENDED
High School _____	_____	1 2 3 4	Yes _____ No _____	_____
College _____	_____	1 2 3 4	Yes _____ No _____	_____
Other _____	_____	1 2 3 4	Yes _____ No _____	_____

List any additional work experience, education, skills, information, licenses, certifications, special study or research work relating to position applied for or of general interest:  
\_\_\_\_\_  
\_\_\_\_\_

Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If hired, would you be willing to perform other jobs as needed? \_\_\_\_\_

REFERENCES -- List three businesspeople, professionals, or other persons to whom you could turn for help. Do not list relatives, former employers, or employees of Levi Hospital.

HOW LONG KNOWN

TYPE OF WORK THEY DO

1. Name \_\_\_\_\_

Complete Address \_\_\_\_\_

2. Name \_\_\_\_\_

Complete Address \_\_\_\_\_

3. Name \_\_\_\_\_

Complete Address \_\_\_\_\_

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**IMPORTANT: READ CAREFULLY**

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*I hereby authorize all of my prior employers, the officials of all schools which I have attended or been associated with, any person named above on this application blank, all public officials, and any other person or entity to give any information regarding my employment, personal habits, ability, criminal record, or any other relevant information they may have regarding me whether or not it is on their records. I hereby release said employers, schools, public officials and other persons and entities, from any and all liability for any damage whatsoever which might result from their revealing or furnishing this information.*

*I understand that an investigation may be made whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted. This may include information as to character, general reputation, personal characteristics or mode of living. I know that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of this investigation.*

*I understand and accept that as part of the application and employment process, and/or during employment with Levi Hospital; I may be asked to submit to physical examinations which may include testing for alcohol and drugs, and/or be fingerprinted, all in accordance with law. By signing this application, I hereby agree to submit to such examinations and release all persons and companies from any liability arising out of such examinations, tests and finger printings. I further agree that the examining person may disclose to Levi Hospital or its representative the results of same.*

*If employed, I agree to conform to the policies and procedures of Levi Hospital made known to employees and acknowledge that these may be changed, interpreted, withdrawn, or amended by Levi Hospital at any time, at Levi Hospital's sole option and without any prior notice to me.*

*I further acknowledge that my employment, or any offer of employment, if such is made, may be terminated, with or without cause, and with or without prior notice, at any time, even after acceptance, at the option of Levi Hospital or myself. I understand that no representative of Levi Hospital has any authority to enter into any agreement with me of any nature and state that none has so been asserted to me by anyone.*

*I understand that the use of this form does not indicate that there are positions open and does not in any way obligate Levi Hospital, and that Levi Hospital does not promote or endorse any employment agencies and will not be held responsible for any costs associated with such services unless prior written agreements have been made by Levi Hospital.*

**I HEREBY STATE THAT ALL FACTS GIVEN ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION ON MY PART IS CAUSE FOR TERMINATION**

Signature of applicant \_\_\_\_\_

\_\_\_\_\_ Date