

 <p style="text-align: center;">Human Resource Department P.O. Box 37 Brooksville, FL 34605</p>		<p>It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.</p>		
		Date	This application to be active for a period of _____ days only.	
Applicant Name (Please Give Complete Name)		Are You at Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No.	Phone Number
Present Address (Include City, State, Zip Code)				
Previous Address (If at Present Address Less Than 12 Months)				
Current Open Position for Which You Are Applying		Type of Position <input type="checkbox"/> Per Diem <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Pool <input type="checkbox"/> Private <input type="checkbox"/> Temporary	Shift <input type="checkbox"/> Day <input type="checkbox"/> Weekends <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotation
1) _____	2) _____	3) _____		
Salary Requirement	Are you Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available for Work	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked in this, or any other HMA facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what facility?	Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn about this position? <input type="checkbox"/> State Employment Commission <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Job Listing <input type="checkbox"/> Job Line <input type="checkbox"/> Current Employee <input type="checkbox"/> Internet <input type="checkbox"/> Ad _____ <input type="checkbox"/> Other _____	Are you able to perform the essential, job related functions of the position for which you are applying with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe any accommodations necessary:			
	Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No Arrest or charges that have been expunged need not be disclosed. If yes, give date, place and nature of each conviction.			
	Are you presently charged with any violation of the law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such charge.			
	Are you currently excluded from participation in any federally funded healthcare program – including Medicare and Medicaid – and are you Aware of any potential exclusion from a federally funded health program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
❖ Education History				
Type of School	Name of School City, State	Check Last Year Attended in School		Degree or Certificate
High School/GED		[9] [10] [11] [12] Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College		[1] [2] [3] [4] Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		[1] [2] [3] [4] Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		From (Year)	To (Year)	
Other		From (Year)	To (Year)	
List any professional licenses, registration or certification you possess (include Drivers License, if applicable)		Clerical or other skills applicable to the position for which your are applying <input type="checkbox"/> Typing (_____pm) <input type="checkbox"/> PBX		
Type	State Issued	Expiration Date	Number	<input type="checkbox"/> Proficient in Software: _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> Business machines and/or equipment you can operate: _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> Other: _____

Employment History ~ Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.

Current or most recent	From Mo. Yr Mo Yr	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address	May we contact them? [] Yes [] No	Name while employed
	Job Title	Other reference with this employer		Reason for leaving
	Nature of Duties:			
1 st Previous	From Mo. Yr Mo Yr	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address		Name while employed
	Job Title			Reason for leaving
	Nature of Duties			
2 nd Previous	From Mo. Yr Mo Yr	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address		Name while employed
	Job Title			Reason for leaving
	Nature of Duties			
3 rd Position	From Mo. Yr Mo Yr	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address		Name while employed
	Job Title			Reason for leaving
	Nature of Duties:			

Professional References (Other than Relatives) Give two references who have good knowledge of your work.

Name	Position	Address (Include City/State)	Phone – Work / Home	Number of years known

Please Review and Sign Where Indicated

In making application for employment:

- ❖ I certified that the Information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- ❖ I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

- ❖ I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.
- ❖ I understand that the facility reserves the right to require its employees to submit to blood test or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination of my employment.
- ❖ Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.

- ❖ I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.
- ❖ **Release:**
I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested and also authorize the Registrar/Placement Office of all educational Institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application for employment, employment or termination of employment with the employer exclusively by final and binding arbitration before a neutral Arbitrator and in accordance with the rules and procedures for employment disputes adopted by the employer. Such claims shall include those that could be brought in a court of law under any applicable federal, state or local statutory or common law, such as the Age Discrimination In Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Family & Medical Leave Act, state civil rights acts, the law of contract and the law of tort.

I have read and understood These conditions of employment.⇒	Applicant Signature	Date Prepared:
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SPRING HILL REGIONAL HOSPITAL PRE-EMPLOYMENT DISCLOSURE & RELEASE (CLIENT # 5342)



Credentiaing and Background Investigation

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ No. _____

Address: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level (GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Dates of Attendance and/or Graduation _____
Year(s) Attended Year Graduated/GED Completed

My present employer may be contacted for a job reference. Yes No

Have you ever been convicted of a crime? Yes No

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

	City	State	Dates	From:	To:
1.	_____	_____	_____ / _____	_____	_____
2.	_____	_____	_____ / _____	_____	_____
3.	_____	_____	_____ / _____	_____	_____
4.	_____	_____	_____ / _____	_____	_____

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report² and/or investigative consumer report³ may be made in connection with my application for employment with prospective employer, including contract for services. I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that a prospective employer and PreCheck, Inc. may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my educational/school records, driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment/contract for services or denial of employment/contract for services. I hereby discharge, release and indemnify the prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc. The authorization granted herein shall be effective throughout the term of my employment.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

Applicant's Signature _____ Date _____

Upon your written request within a reasonable period of time, the investigative agency compiling a report will make a complete and accurate disclosure of the nature and scope of the investigation. In addition, if you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such a report.

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

² A "Consumer Report" may consist of employment records, education verification, licensure verification, driving record, previous address and

³ Public records relative to criminal charges.

An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.