



**McGehee  
Hospital**

900 South Third Street  
P.O. Box 351  
McGehee, AR. 71654

## Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or disability. E.O.E

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Street or P.O Box: \_\_\_\_\_ City, State, And Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business phone (If you can be contacted at current job): \_\_\_\_\_

Email address: \_\_\_\_\_

Have you ever applied for employment with us? Yes \_\_\_\_\_ No \_\_\_\_\_

Position desired: \_\_\_\_\_ Pay expected: \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

When will you be available to begin work if a position is offered? \_\_\_\_\_

Please list other special training skills such as languages, equipment operated, typing, special medical courses, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

7:00am – 3:00pm shift \_\_\_\_\_ / 3:00pm – 11:00pm shift \_\_\_\_\_ / 11:00pm – 7:00am shift \_\_\_\_\_

Are you under 18 years old \_\_\_\_\_ / Between 18 – 70 years old \_\_\_\_\_ / Over 70 years old \_\_\_\_\_

<i>School</i>	<i>Name and Location</i>	<i>Course</i>	<i>Degree</i>	<i>Year Graduated</i>
College	_____	_____	_____	_____
VoTech	_____	_____	_____	_____
High School	_____	_____	_____	_____
Other	_____	_____	_____	_____

Membership in professional or civic organizations (exclude those, which may disclose your race, color, religion, or national origin):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any of your friends or relatives work for McGehee Hospital? Yes \_\_\_ No \_\_\_

Name and relationship if answered yes: \_\_\_\_\_

If the offer of a position is extended to you, *you will be required to pass a drug screen for illegal substances* at our expense. Should you fail this drug screen, the offer of employment will be automatically withdrawn.

**EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time employment history. Start with the present or most recent employers.

Company Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Pay \_\_\_\_\_  
State job title and describe your work: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Pay \_\_\_\_\_  
State job title and describe your work: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Pay \_\_\_\_\_  
State job title and describe your work: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Pay \_\_\_\_\_  
State job title and describe your work: \_\_\_\_\_

Please indicate those employers you do not wish us to contact and reasons why:

\_\_\_\_\_  
\_\_\_\_\_

Military Service: Complete this section if you served in the United States Armed Forces.

Branch of Service: \_\_\_\_\_ Period of active duty: \_\_\_\_\_

Rank at time of discharge: \_\_\_\_\_ Date of final discharge: \_\_\_\_\_

Describe your duties and any special training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information requested is needed for a legally permissible reason including without limitation: National security consideration, a legitimate occupational qualification of business necessity, the Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. Federal law as well as the laws of most states also prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based on ancestry, marital status, or physical or mental handicap or disability.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Separated: \_\_\_\_\_ Engaged: \_\_\_\_\_ Divorced: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_

Are you *allergic* to any food or medications? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_

Have you been treated or tested for *latex allergies* or sensitivities? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Please be able to provide us with proof of your legal right to employment in the country such as birth certificate, naturalization papers, immigration service permit or green card.

What was your previous address?

How long at your previous address? \_\_\_\_\_ How long at your present address? \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, with which employer? \_\_\_\_\_

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe in full:

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of act on this application shall be considered cause for dismissal. I authorize McGehee Hospital/Southeast Arkansas Home Health to obtain an investigative consumer report containing information through personal interviews with my neighbors, friends, and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

I am qualified, with reasonable accommodation, to perform the specific and essential tasks of the position as outlined in the job description for this position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The interviewer's comments are to be written on the reverse of this page.*