



APPLICATION FOR EMPLOYMENT

Application Date: _____

First Name	Middle	Last Name
Address		Telephone #
City, State, Zip		E-mail Address
Position(s) applied for:		
Are you at least 18 years of age? Yes _____ No _____ If now, what is your age? _____		
Are you eligible to work in the U.S.? Yes _____ No _____		
Have you worked at Winner Regional Health? Yes _____ No _____		
If yes, when and in what capacity? _____		
Have you ever been employed or attended school under another name? Yes _____ No _____		
If yes, please indicate your former name. _____		
Are you interested? Full Time _____ Part Time _____		
Shifts you are available to work?		
Day Shift _____ Night Shift _____ Evening Shift _____ Weekends _____ Holidays _____		
Minimum Salary Desired: _____ Date Available for Employment _____		
☐ Who referred you to this facility?		
☐ Employee (Name) _____		
☐ Winner Regional Health Website		
☐ Advertisement (Newspaper)		
☐ School		
☐ Walk In		
☐ Other (Please explain) _____		

May we contact your present employer? Yes _____ No _____

General Information

Have you ever been convicted of, found guilty of, or pleaded guilty to, a felony of any kind? Yes _____ No _____

If yes, please explain: _____

Have you ever been discharged or forced to resign from any position? Yes _____ No _____

If yes, please explain: _____

Have you ever had your privilege to practice revoked or reduced or otherwise restricted? Yes _____ No _____ NA _____

If yes, please explain: _____

Has your license or certification ever been denied, revoked, suspended, stipulated, placed on probation or otherwise subject to any type of disciplinary action? Yes _____ No _____ NA _____

If yes, please explain: _____

Education

School	Name, City, & State of School	Degree, Course or Major	Number of years attended	Currently Enrolled?	Graduated?
High School/GED					
College/University					
Professional/Trade					
Graduate School					
Other					

Licensure/Certification/Registration

Type	Number	State	Expiration Date

Employment History (beginning with your present or most recent job)

Employer 1:	Address:
Title:	Supervisor:
Phone #:	Salary:
Job Duties:	
Dates of Service:	Reason for leaving:

Employer 2:	Address:
Title:	Supervisor:
Phone #:	Salary:
Job Duties:	
Dates of Service:	Reason for leaving:

Employer 3:	Address:
Title:	Supervisor:
Phone #:	Salary:
Job Duties:	
Dates of Service:	Reason for leaving:

Explain any unemployment periods of two months or more: _____

Additional References (excluding relatives and friends)

Reference 1	
Name:	Profession/Relationship:
Address:	City:
State:	Zip:
Phone:	Email:

Reference 2	
Name:	Profession/Relationship:
Address:	City:
State:	Zip:
Phone:	Email:

Reference 3	
Name:	Profession/Relationship:
Address:	City:
State:	Zip:
Phone:	Email:

Applicant's Statement

I hereby give Winner Regional Health the right to investigate my past employment, education and activities. I release from all liability all persons, schools, companies and corporations who supply such information. I release Winner Regional Health against any liability that might result from such investigation. I understand that any false answer or statements or implications I might make in this application or in any other required document shall be considered sufficient cause to deny employment or for discharge if already employed.

I also understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between Winner Regional Health for employment or for any benefit. I have received no promise regarding employment and I understand that no such promise or guarantee is binding on Winner Regional Health unless an employment relationship is established. I understand that I have the right to terminate my employment at any time and that Winner Regional Health has the same discharge rights.

I understand that if offered a position with Winner Regional Health, I will be required to submit to a pre-employment health assessment, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. Also, if hired at Winner Regional Health, prior to my first day of work, I will be required to verify that I am either a U.S. citizen or a legal resident foreign national.

Date:	Applicant's Signature:
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Incomplete Applications will not be considered

Winner Regional Health is proud to be an Equal Employment Opportunity Employer. Our non-discrimination policy clearly states our goal of an inclusive and non-discriminatory work environment in which all employees are valued and empowered to succeed.

Qualified candidates are considered for employment without regard to race, color, national origin, creed, religion, age, sex, marital status, sexual orientation, gender identity, disability, veteran status, or any other protected status under applicable law. Winner Regional Health also has a harassment-free workplace policy, which prohibits sexual harassment as well as any other form of harassment.

Voluntary Affirmative Action Information**(Completion of Information below is Voluntary)**

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male _____ Female _____

Please mark the appropriate race or ethnic group:

- ☐ Caucasian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ Two or more races

Please mark the appropriate veteran status (choose one box only):

- ☐ **Disabled Veteran** (A veteran of the U.S. military, ground, naval or air service who is entitled to compensation, or who but for the receipt of military retired pay would be entitled to compensation, under laws administered by the Secretary of Veterans Affairs. Or a person who was discharged or released from active duty because of a service-connected disability.)
- ☐ **Other Protected Veteran** (A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.)
- ☐ **Armed Forces Service Medal Veteran** (A veteran who, while serving on active duty in the U.S. military, ground, naval or air service participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985)
- ☐ **Recently Separated Veteran** (A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground navel or air service.)
- ☐ **Active in the Military**

Branch of armed services: _____

Rank/Rate: _____

Date term expires: _____

Please mark the appropriate disability status:

Voluntary Self-Identification of Disability

- ☐ Yes, I have a disability (or previously had a disability)
- ☐ No, I don't have a disability
- ☐ I don't wish to answer