



17. **PERSONAL REFERENCES**  
(DO NOT LIST RELATIVES)

NAME/ADDRESS	RELATIONSHIP	PHONE NO.
_____	_____	( ) _____ - WORK
_____	_____	( ) _____ - HOME
_____	_____	( ) _____ - WORK
_____	_____	( ) _____ - HOME
_____	_____	( ) _____ - WORK
_____	_____	( ) _____ - HOME

**EMPLOYMENT HISTORY**  
(BEGIN WITH CURRENT OF MOST RECENT EMPLOYER)

EMPLOYER	TELEPHONE NO.	DATE STARTED	LAST DAY WORKED
CO. NAME _____ JOB TITLE _____ CITY/STATE _____ IMMEDIATE SUPERVISOR _____	( ) _____ STARTING PAY RATE _____ REASON FOR LEAVING _____ POSITION HELD/DUTIES _____	_____	_____
CO. NAME _____ JOB TITLE _____ CITY/STATE _____ IMMEDIATE SUPERVISOR _____	( ) _____ STARTING PAY RATE _____ REASON FOR LEAVING _____ POSITION HELD/DUTIES _____	_____	_____
CO. NAME _____ JOB TITLE _____ CITY/STATE _____ IMMEDIATE SUPERVISOR _____	( ) _____ STARTING PAY RATE _____ REASON FOR LEAVING _____ POSITION HELD/DUTIES _____	_____	_____
CO. NAME _____ JOB TITLE _____ CITY/STATE _____ IMMEDIATE SUPERVISOR _____	( ) _____ STARTING PAY RATE _____ REASON FOR LEAVING _____ POSITION HELD/DUTIES _____	_____	_____

**IN CASE OF EMERGENCY, THE FOLLOWING PERSON SHOULD BE NOTIFIED:**

19. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

20. **STATEMENT OF CERTIFICATION**

I hereby certify that this application contains no willful misrepresentation of falsification and that the information given by me is true and correct to the best of my knowledge. I understand that should investigation reveal any misrepresentation or falsification, such findings could result in rejection of my application or in immediate termination of my employment. I authorize all previous and current employers to give any and all information concerning my employment and other pertinent information they may have, personal or otherwise, to this company and release all parties from any and all liabilities from any damages which may result from the furnishing of such information. I understand and agree that if hired my employment is for no definite period of time and that I may, regardless of the date of payment of wages or salary be terminated at any time without prior notice. If I am accepted for employment with this company, I agree to comply with supervisory instructions and to abide by its personnel policies and also to report to my supervisor any and all job-related injuries and illnesses within twenty-four (24) hours of their occurrence, regardless of severity.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

### Requested Shift/Hours

<u>Day of Week</u>	<u>From</u>	<u>To</u>
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

I understand that it is my responsibility to complete a new requested shift form when my availability for work changes. Further, I completely understand that emergency conditions or required staffing situations may require me to work shifts or hours which are different from the ones I am requesting, and I agree to work those different shifts or hours as I am directed by my department head or the Hospital Administrator/CEO.

\_\_\_\_\_  
Applicant's/Employee's Signature

\_\_\_\_\_  
Date