

ADDITIONAL INFORMATION

1 Are you at least 18 years of age? Yes No

2 Have you ever been convicted of a crime (s)? Yes No

If Yes, explain the nature of the offense, date and penalty:

3 Do you have any relatives in our employ? Yes No

If yes, give name(s), relationship(s), and work location(s):

4 Have you ever worked for *Hospital before? Yes No

If Yes, give date, location, and type of work:

6 Have you been a resident of the state of Missouri for 5 or more years? Yes No

6 Is there any legal reason why you cannot be employed in this country? Yes No

If Yes, explain:

IMPORTANT: Read The Following Certification And Agreement Carefully Before Signing.

In making this application for employment, I certify that the statements I have made are true, complete and correct, and I agree that any willfully false statements or misrepresentations herein, whenever discerned, are just cause for Iron County Hospital either to refuse or to terminate my employment. Further, I authorize any school or former employer to disclose to Iron County Hospital upon request, any information they may have as to my record, performance, and attendance and will hold such schools and employers harmless for such disclosure. I agree to take a drug screening test, required, following an offer of employment I have read- and do understand and subscribe to this certification and agreement

In consideration of my employment, I agree to conform to the rules and regulations of Iron County Hospital. I also agree that my employment and compensation at Iron County Hospital Is "at will" and there exists no guarantee of continued employment, either express or Implied, and I have the right to terminate my employment at any time without limitation or condition and, of course the hospital retains the same right

Signature:

Date Signed: **FOR COMPANY USE**

ONLY

Division:

Location:

Department:

Job Title:

Salary:

Starting Date:

PERSONAL REFERENCES:

Name	Occupation	Phone Number
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Name	Occupation	Phone Number
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Name	Occupation	Phone Number
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NOTIFY IN CASE OF EMERGENCY:

Name	Relationship	Phone Number
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Street Address	City	State	Zip
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