



Human Resources Department

APPLICATION

Employee Student Volunteer Other: _____

IT IS THE POLICY OF RMGH TO EXTEND ITS EMPLOYMENT OPPORTUNITIES TO QUALIFIED PERSONS ON A NONDISCRIMINATORY BASIS. SELECTION SHALL BE MADE WITHOUT REGARD TO AGE, RACE, COLOR, SEX, NATIONAL ORIGIN, DISABILITY, OR ANY OTHER CLASS PROTECTED BY LAW.

NAME (please print): _____ **DATE:** _____

REFERRAL SOURCE: _____

POSITION(s) DESIRED*: _____

*You must indicate a specific position in order to be considered for employment.

CAMPUS PREFERENCE: _____

PLEASE CHECK ALL BOXES THAT APPLY.

STATUS:

Regular Full Time

Regular Part Time

Temporary

Pool

Shift Preference

Will Help on PMs and Night Shifts

Will Work Alternate Weekends/Holidays

1st

2nd

3rd

yes

no

yes

no

some

DATE AVAILABLE TO START: _____ **SALARY EXPECTED:** _____

EMPLOYMENT RECORD

Beginning with the most recent, list your last three employers. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, age, or other protected status.

If now employed, may we contact your present employer? Yes [] No []
 May we contact previous employers for reference? Yes [] No []

Present Employer:	Address:	Telephone #	
Your Job Title:	Employment Dates:	Starting Salary:	Ending Salary:
Specific Duties:	Reason for Leaving:	Supervisor's Name/Title:	
Previous Employer:	Address:	Telephone #	
Your Job Title:	Employment Dates:	Starting Salary:	Ending Salary:
Specific Duties:	Reason for Leaving:	Supervisor's Name/Title:	
Next Previous Employer:	Address:	Telephone #	
Your Job Title:	Employment Dates:	Starting Salary:	Ending Salary:
Specific Duties:	Reason for Leaving:	Supervisor's Name/Title:	

Other names you used in employment or attending school that will assist us in verifying the above information: _____

Were you disciplined at work for any reason during the past year? Yes [] No [] Was the discipline justified? Yes [] No []
 (As to each occasion that you believe discipline was not justified, please explain on separate sheet of paper and attach to application.)

Please read carefully and sign. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all policies and procedures of RMGH.

I consent to any medical examinations required by RMGH and understand that failure to pass them may result in disqualification for employment, or, if already employed, I may be transferred to another position or discharged. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without just cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I authorize the employers listed above or references given to provide RM GH any and all information concerning previous employment or any other pertinent information they may have. I release all parties from any and all liability for any damages that may result from furnishing such information or reference to RMGH, as well as from the use or disclosure of such information or reference by the previous employer, or RMGH or any of their agents, employees as representatives.

_____ Date

_____ Applicant's Signature