

APPLICATION FOR EMPLOYMENT



450 Adamsville Road • Florence, AZ 85132 • Phone (520)868-3000 • Fax (520)868-3329

Notice to Applicants: This Employer is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, national origin, handicap or marital status. We assure you that your opportunity for employment with the Employer depends solely on your qualifications.

Applicant's Statement: I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others and hereby release the Florence Hospital, LLC doing business as Florence Community Healthcare and any of its representatives, and agents from any and all liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application may be cause for dismissal at any time without previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we cannot guarantee the performance of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. We cannot guarantee the continuation of any worker's job for any period of time.

I understand and acknowledge that any employment relationship with this organization is of an "at will" nature, meaning that the employee may resign at any time and Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any verbal agreement or written document. I also understand that no supervisor other official of the employer (except its president, in writing) has the authority to enter into any agreement with me or may any agreement contrary to the following.

I understand that any employee handbook that may be adopted by the employer shall not constitute a written contract nor create any rights for employees or obligations of the organization. Florence Community Healthcare reserves the unconditional right to modify, delete or make any changes or exceptions to anything contained in any employee handbook. I understand that I may be required to submit to any or all alcohol/drug testing before hire and during the course of my employment.

This application will remain active for ninety (90) days and maintained on file for one year. Any applicant wishing to be considered for employment past ninety (90) days should reapply.

Signature: _____

Date: _____



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Valid for 90 days

Date Home Phone# Mobile Phone# Email Address

Last Name (Please Print) First Middle Social Security Number

Address

City, State Zip Code

How were you referred to Florence Community Healthcare?

Employee (Name) Other (Source)

Position Desired: _____

Date Available for Employment: _____ Salary Requirement: _____

Days/Hours Available to Work: Days Nights Weekends Full Time Part Time

Do you understand employment may require working overtime as dictated by business needs? Yes No

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Are you physically and mentally able to perform the duties of the job for which you are applying? Yes No
If no, please explain the type of accommodation required: _____

Have you been convicted of a felony in the past 7 years? Yes No If Yes, give dates and explain (attach separate paper). *A conviction will not necessarily disqualify you from employment.*

Are you at least 18 years of age? Yes No

EDUCATIONAL DATA	Type of School	Name & Location (Complete Mailing Address)	No. of Years Complete	Major Course of Study	Degree
	High School				
	College				
	Graduate School				
	Other				



Employment Experience. Your resume does not take the place of this section. All information must be completed to be considered for employment.

1.	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Starting Salary Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

2.	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Starting Salary Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

3.	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Starting Salary Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

4.	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Starting Salary Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional sheets, if necessary.



SKILLS

Professional Licensing or Certification: _____
 License/Certification Accrediting Agency License/Cert# Expiration Date

License/Certification Accrediting Agency License/Cert# Expiration Date

Has your license/certification ever been suspended or revoked? Yes No

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

This section is only to be completed by those applying for positions driving Company vehicles or regularly using vehicles on Company business (must have valid license).

Drivers License No.: _____ State: _____ Expiration Date: _____

List any traffic violations that you have received in the past 36 months (other than parking violations).

Date of Violation	Offense	Location
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REFERENCES

Please list three professional references who can attest to your skills as they relate to the position for which you are applying.

Name	Position	Work Phone	Mobile Phone
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