



Certification	Name of School	Location	Completed	Degree of
<b>High School</b>				
<b>College</b>				
<b>Vocational or Business</b>				
<b>Professional Education</b>				

Please attach additional sheets if necessary.

Are you a member of a professional organization? Yes No Organization?

Licensed where? \_\_\_\_\_ License # \_\_\_\_\_

List restrictions if any \_\_\_\_\_

Please list any honors received, volunteer or community service, or other qualifications you have which you feel are related to the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you in the U.S. Armed Forces? Yes No If yes, what branch?

\_\_\_\_\_

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### PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	VERIFICATION

### EMPLOYMENT RECORD

**Present and Former  
Position & Duties**

**Date Employed**

**Salary**

Name _____ Address _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____	From _____	Starting _____	_____ _____




**\* Must include at least two professional references not related to you, whom you have known at least a year.**

**AVAILABILITY**

Primary position desired? \_\_\_\_\_ Will you accept another position? Yes  
No

Are you available to work:           Weekends?           Yes    No  
  Holidays?           Yes    No  
  Rotating Shifts?    Yes    No

Do you limit your annual earnings due to Social Security or other reasons:    Yes    No  
If yes, please state what is the maximum amount you wish to earn.

\_\_\_\_\_

**EMPLOYMENT UNDERSTANDING**

Webster Memorial Hospital does not discriminate in hiring or any decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Webster Memorial Hospital the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release Webster Memorial Hospital from all liability or responsibility all persons, companies, or corporations supplying such information. I consent to take a physical examination and such future physical Webster Memorial Hospital shall designate. I understand that an offer of employment may be contingent on passing the physical examination which is related to the essential duties I would be required to perform. If I am offered employment and refuse I may be held responsible for the cost of the physical examination and the criminal background investigation.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment. I understand that emergency conditions may require me to temporarily work shifts other than the one which I am applying and agree to such scheduling change as directed by my department head or administrator of Webster Memorial Hospital.

\_\_\_\_\_

Applicant's Signature

Date

**APPLICANTS DO NOT ANSWER QUESTIONS IN THIS AREA.  
TO BE COMPLETED AFTER EMPLOYMENT IF OFFERED.**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_ Sex: Male  
Female

SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

Notify in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER COMMENTS

Interviewer	Date	Comments

REFERENCE CHECKS

Individual Contacted	Name of Firm	Results of Check

FOR PERSONNEL USE ONLY

Hired? Yes No For what department if hired?  
\_\_\_\_\_

Position? \_\_\_\_\_ Salary \_\_\_\_\_ a(n) Year  
Month Hour

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_