

Cordova Community Medical Center

PO Box 160, Cordova, Alaska 99574 907-424-8000

Please print legibly

APPLICATION FOR EMPLOYMENT

Position applying for: _____ Date: _____

Name: _____
Last First Middle Maiden

Present Address: _____

How long have you lived at this address? _____ Telephone (____) _____

Social Security Number: _____ If under 18, please list your age: _____

Salary Desired (be specific) _____

Days/hours available to work:

Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:
Sunday:		

How many hours can you work each week? _____ Can you work nights? _____

Employment desired: Full Time only Part Time only Full or Part Time

Date you are available to start work? _____

<i>Type and Name of School</i>	<i>Location (Mailing Address)</i>	<i>Years Completed</i>	<i>Major & Degree</i>
<i>High School</i>			
<i>College</i>			
<i>Business/Trade</i>			
<i>Professional</i>			

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

How will you get to work? _____

Do you have a Driver's License? Yes No

Type of License: *Operator* *Commercial (CDL)* *Chauffeur*

Driver's License #: _____ State of Issue: _____ Expiration Date: _____

Have you had any accidents during the past three years? No Yes How many? _____

Have you had any moving violations during the past three years? No Yes How many? _____

Please list two references other than relatives or previous employers:

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Military Service

Have you ever been in the Armed Forces? Yes No
 Are you now a member of the National Guard? Yes No

Specialty: _____ Date entered: _____ Date discharged: _____

Previous Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Name of Employer: _____	<i>Name of Last Supervisor</i>	<i>Employment Dates</i>	<i>Pay or Salary</i>
Address: _____			
City, State, Zip Code: _____		from:	starting:
Telephone: _____		to:	ending:
	last job title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this job:			

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Telephone: _____	<i>Name of Last Supervisor</i>	<i>Employment Dates</i> from: to:	<i>Pay or Salary</i> starting: ending:
		last job title:	
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this job:			

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Telephone: _____	<i>Name of Last Supervisor</i>	<i>Employment Dates</i> from: to:	<i>Pay or Salary</i> starting: ending:
		last job title:	
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this job:			

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by CORDOVA COMMUNITY MEDICAL CENTER (CCMC), I agree that:

1. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other CCMC practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of CORDOVA COMMUNITY MEDICAL CENTER, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO/Administrator of CCMC. Both the undersigned and CORDOVA COMMUNITY MEDICAL CENTER may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CCMC may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.
2. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give CCMC permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release CCMC from any liability as a result of such contract.
3. I also understand that (1) CCMC has a drug and alcohol policy that provides for preemployment testing, (2) consent to and compliance with such policy is a condition of my employment, and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.
4. I understand that, in connection with the routine processing of your employment application, CCMC may request from a consumer-reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, CCMC will provide me with additional information concerning the nature and scope of any such report requested, as required by the Fair Credit Reporting Act.
5. I further understand that my employment with CCMC shall be introductory for a period of six (6) months, and further that at any time during the introductory period or thereafter, my employment relation with CCMC is terminable at will for any reason by either party.

Applicant Signature _____ *Date* _____

Revised 9/1/2010