



# EMPLOYMENT APPLICATION

Date of Application: \_\_\_\_\_ • Date Available for Work: \_\_\_\_\_

*Cordell Memorial Hospital does not discriminate in its hiring decisions or in any other employment decision on the basis of race, color, religion, citizenship, national origin, veteran status, age or upon a physical or mental disability which is unrelated to the applicant's/employee's ability to perform the essential duties of the position.*

## 1. Personal Information:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
                    Last                      First                      Middle

List any other name(s) you have previously worked under, such as maiden name:

\_\_\_\_\_

Present Address: \_\_\_\_\_  
  Street    City    State    Zip

Permanent Address (If different from above): \_\_\_\_\_  
  Street    City    State    Zip

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
  Name    Employer    Phone Number

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

## 2. Educational Background:

List all educational school attended.

EDUCATION	NAME/LOCATION OF SCHOOL	YEARS COMPLETED	COURSE OF STUDY	DIPLOMA/DEGREE
High School				
College				
College				
Other Training & Courses				

List any additional training/certifications/skills that may better qualify you for this position: \_\_\_\_\_  
 \_\_\_\_\_

## 3. Employment Desired:

Position applied for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Hours available for work: \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Weekends

Seeking employment status of: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Occasional Part Time

**4. U.S. Military Record:**

Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**5. Employment History:**

List your last four jobs beginning with your most recent or current employer:

**EMPLOYER #1**

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street City State Zip*

Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From: (MM/YYYY) \_\_\_\_\_ To: (MM/YYYY) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EMPLOYER #2**

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street City State Zip*

Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From: (MM/YYYY) \_\_\_\_\_ To: (MM/YYYY) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EMPLOYER #3**

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street City State Zip*

Position(s) Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From: (MM/YYYY) \_\_\_\_\_ To: (MM/YYYY) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List name(s) of all other employers for the last five (5) years: \_\_\_\_\_

May we contact your present employer?  Yes  No  Not applicable

Have you ever been terminated or asked to resign from any position?  Yes  No

If yes, provide reason: \_\_\_\_\_

**6. References:**

List name, address, and telephone number of three references who are not relatives or former employers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Background Information:**

If you answer **YES** to any of the questions below, explain in the space after the question. The explanation for a **YES** answer should include, but not be limited to:

- 1. State and/or jurisdiction
- 2. Nature of complaint/offense
- 3. Disposition of complaint and/or offense (e.g., "dismissed insufficient evidence", deferred sentence").
- 4. Date of disposition

Have you ever: 1) participated in a first offender program; 2) deferred adjudication or other program arrangement where adjudication has been withheld; 3) pled guilty or no contest; 4) been convicted; 5) received a deferred sentence; and/or 6) been sentenced for any criminal offense in any state or US jurisdiction regardless of whether this matter has been expunged or otherwise removed?

Yes  No

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Have you ever been found in violation of any state, U.S. jurisdiction, or federal law regulating the practice of a health care profession?

Yes  No

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Are any disciplinary actions or allegations, pending or substantiated, against you or your certification or health care professional license in any state or U.S. jurisdiction?

Yes  No

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Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state or U.S. jurisdiction, federal or foreign authority or have you ever surrendered such credential to avoid action by such authority?

Yes  No

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**8. Applicant's Certification and Agreement:**

If you answer 'No' to any of the questions below, please explain in the space after the question.

I understand the employer has the right to proceed with any criminal background check.

Yes  No

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**(Applicant's Certification and Agreement Continued)**

I understand as a part of the job selection process, I may be required to take a drug-screening test at the time of employment and if requested in accordance with the state and federal law at any time during my employment. A test result that has been confirmed as positive will eliminate me from employment. If I refuse to sign this form and submit to drug testing, the employer will reject my application.

\_\_\_\_ Yes \_\_\_\_ No

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I understand I may be required to have a physical examination and I hereby consent to take a physical examination and any future physical examinations as required by Cordell Memorial Hospital.

\_\_\_\_ Yes \_\_\_\_ No

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I understand if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the IRCA of 1986.

\_\_\_\_ Yes \_\_\_\_ No

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I understand this form is not an employment contract.

\_\_\_\_ Yes \_\_\_\_ No

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**9. Important Information for the Job Applicant:**

It is unlawful for any person to provide false information regarding a criminal conviction on this employment application. Providing false information regarding a criminal conviction is a misdemeanor under Title 63 of the Oklahoma Statutes, Section 1-1950.4a. Providing false information about a criminal conviction on this application is punishable by a fine not to exceed \$500.00, by imprisonment in the county jail for a term of not more than one year, or by both such fine and imprisonment.

**\*\*\*NOTICE\*\*\***

**I UNDERSTAND PROVIDING FALSE OR MISLEADING INFORMATION TO A TRAINING PROGRAM, A FACILITY, OR THE DEPARTMENT IS GROUNDS FOR DENIAL, SUSPENSION, WITHDRAWAL, AND/OR NONRENEWAL OF CERTIFICATION. I ALSO UNDERSTAND PROVIDING FALSE INFORMATION OR OMISSION OF FACTS MAY DISQUALIFY ME FROM EMPLOYMENT AND MAY CAUSE TERMINATION IF DISCOVERED AT A LATER DATE.**

**INITIAL HERE: \_\_\_\_\_**

I certify that I have read and completed this application and that the information I have provided on this application is true and complete.

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*Signature of Applicant*

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*Date of Signature*

### **10. Criminal Arrest Check List:**

Effective November 1, 2012, and in accordance with public law, Title 63 of the Oklahoma Statutes, Section 1-1950.1, employment at this employer shall **not be** considered if the below signed individual has been *convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction*, as stated by Oklahoma Statute, Section 1-1950.1 (C)(1) of Title 63:

- |   |  |
|---|--|
| a. abuse, neglect or financial exploitation of any person entrusted to the care or profession of such person, | e. manslaughter,                                   |
| b. rape, incest or sodomy   | f. kidnapping                                      |
| c. child abuse  | g. aggravated assault                              |
| d. murder or attempted murder   | h. assault and battery with a dangerous weapon, or |
|   | i. arson in the first degree                       |

Effective November 1, 2012, and in accordance with public law, Title 63 of the Oklahoma Statutes, Section 1-1950.1, employment at this employer shall **not be** considered for the below signed individual *if less than seven (7) years have elapsed since the **completion of sentence**<sup>1</sup>, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction*, as stated by Oklahoma Statute, Section 1-1950.1(C)(2) of Title 63:

- |  |  |
|--|--|
| a. assault   | g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,   |
| b. battery   | h. arson in the second degree,   |
| c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender, | i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act, |
| d. pandering,  | j. grand larceny, or   |
| e. burglary in the first or second degree,   | k. petit larceny or shoplifting.   |
| f. robbery in the first or second degree,  |  |

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<sup>1</sup> Pursuant to 63 O.S. § 1-1950.1(A)(5), "Completion of the sentence" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.

It is further understood that if I am hired, it will be as a temporary employee until the employer receives my criminal background check. If I have no criminal record in accordance with state law, I may be considered for employment, subject to training requirements and other requirements of the job for which I am applying with this employer.

**I hereby certify I have no disqualifications for employment as described above and specified in Title 63 of the Oklahoma Statutes, Section 1-1950.1(C). My signature below authorizes the employer to run a check with the Nurse Aide Registry of the Oklahoma State Department of Health for notations of abuse, neglect, or misappropriation of resident's property. I hereby give the Oklahoma State Bureau of Investigation authority to proceed with a criminal history records check as authorized by Title 63 of the Oklahoma Statutes, Section 1-1950.1(B).**

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*Signature of Applicant*

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*Date Signed*

I, \_\_\_\_\_ understand that my position at Cordell Memorial Hospital requires that I obtain a physical at no cost to me. I further understand that I will be required to stay fully employed at Cordell Memorial Hospital for a minimum of twelve months, or I will be required to reimburse Cordell Memorial Hospital for the cost of the items/procedures marked below. I further understand that if I do not want to take on this obligation, I should notify Cordell Memorial Hospital that I do not wish to continue to seek employment with Cordell Memorial Hospital.

Physical..... \$52.00  
 Security Check..... \$26.00  
 Radiology Reading..... \$40.00  
 EPIC Training (If Required).....\$335.00  
 Vaccinations (if necessary)..... \$9.00

Total Due: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of CMH Authorized Representative

\_\_\_\_\_  
Date Signed

Name of Current Hospital Employee who recommended you apply for a Position at Cordell Memorial Hospital \_\_\_\_\_

# REFERENCE RELEASE

*(Optional)*

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employee: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I hereby authorize my former employer to supply the information listed below. I release said company, officers, employees or individuals from any liability for any damages resulting from the disclosure of this information.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above named person has applied for a position with Cordell Memorial Hospital and has given your name as a reference. It is our goal to hire quality people and place them in positions where their talents and abilities are utilized as fully as possible. We would therefore appreciate your comments regarding character, habits, abilities, and other attributes by filling in the information below. **Information provided will be held in the strictest confidence.**

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Please rate qualities by using the following scale:

**4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Applicable**

_____	Quality of Work	_____	Competence
_____	Knowledge of Skills	_____	Attitude
_____	Reliability	_____	Comprehension
_____	Cooperation	_____	Initiative
_____	Supervisory Ability	_____	Attendance
_____	Professional Appearance	_____	Learns Quickly

Please indicate any special considerations necessary when giving assignments to this individual:

\_\_\_\_\_

Is employee eligible for rehire? \_\_\_ Yes \_\_\_ No If no, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature and title of person giving reference

\_\_\_\_\_  
Date Signed