

APPLICATION FOR EMPLOYMENT



900 N. Robert Ave
Arcadia, Fl. 34266
(863) 494-3535

Application Expires in 30 days

Are you Younger than 17 years of age? Yes No

P E R S O N A L	Last Name	First	Middle Initial	Application Date:
	Present Address	City	State	Zip Code
	Previous Address (if less than 7 years at present address)			Primary Phone Number: ()
	Have you ever been convicted of a felony or have a felony case pending? <input type="checkbox"/> Yes <input type="checkbox"/> No			Emergency Contact Name/Relationship: ()
	Nature: <i>(A yes answer will not automatically disqualify you from being considered as a candidate for employment)</i>			Date: Place:
	Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No			Languages you can speak:
	Can you communicate by sign language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	How many days of work have you missed in the last year?			Pay Expected:
	Do you have adequate transportation to assure arrival for appropriate shift? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date available for work:
	Do you have relatives currently employed at DeSoto Memorial Hospital? <i>(If so, please indicate relative's name, position, and relationship to you):</i>			Have you ever worked for DeSoto Memorial Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?
Have you ever previously applied for work with DeSoto Memorial Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, when?	

WORK PREFERENCE AND AVAILABILITY

STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (under 40 hrs/pay period) <input type="checkbox"/> Temporary	SHIFT: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotation	AVAILABLE IF REQUIRED: <input type="checkbox"/> Weekends <input type="checkbox"/> Over 8 hours/day <input type="checkbox"/> Over 5 days/week <input type="checkbox"/> To work beyond scheduled hours
<i>An affirmation indication of unavailability does not insulate you from being requested to work additional hours or shifts upon reasonable notice.</i>		
POSITIONS APPLIED FOR:		
1. _____	2. _____	3. _____

How did you learn about this position?

Ad in newspaper _____ DMH Employee _____ Friend _____ Drop in _____

Online (Please Name; Monster, CareerBuilder etc.) _____

Please list specific skills/experience which qualify you for employment in the position(s) for which you have applied:

PROFESSIONAL QUALIFICATIONS (to be completed by applicants requiring State License or Certification)

LICENSURE OR CERTIFICATION	EXPIRATION DATE	REGISTRATION NUMBER

Community, Civic or school activities which you consider relevant to your ability to perform the position applied for (omit reference to any religious or racial group)

Have you ever been terminated involuntarily from your employment with a prior employer? Yes No
(An affirmation response to this question will not preclude employment)

If your answer is "yes", please explain the details of each involuntary employment termination: _____

PERSONAL REFERENCES (Excluding former employers and relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

E D U C A T I O N	School	Name and Location	Course of Study	No. of Years Completed	Did you Graduate?	Degree of Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hospital Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Occasionally the form of an application makes it difficult for an individual to adequately summarize his/her complete qualifications. Use the space below to summarize any information necessary to describe your full qualifications or any other information you wish us to consider in determining whether to offer you employment at DeSoto Memorial Hospital.

It is our policy to employ only U.S. Citizens and aliens authorized to work in the U.S. If hired, can you provide proof of eligibility to work in the U.S.? Yes No

EQUAL EMPLOYMENT OPPORTUNITY

DeSoto Memorial Hospital is an Equal Opportunity Employer. As such, we provide equal employment opportunities in all employment-related matters regardless of race, religion, age, sex, national origin, disability, marital status or veterans' status in accordance with all applicable State and Federal statutes, Executive orders and regulations which prohibit discriminatory employment practices.

Applicant initials

POSITION AND SCHEDULE

I acknowledge that if employed, I may in the future be expected to work in a job classification or schedule different from that initially offered by DeSoto Memorial Hospital. Any such change would be in the interest of the Hospital and its patients and would be imposed only after reasonable notice.

Applicant initials

EMPLOYMENT AGREEMENT

I understand employment is contingent upon an acceptable physical (including drug screening) and background check including but not limited to: credit check, driving record, criminal record, education and previous employment.

Applicant initials

I understand that, if hired, I will be placed on a 90-day probationary period. I further understand that in accordance with Florida Statute Section 443.131(3)(a)(2), if I am terminated for unsatisfactory work performance within the 90-day probation period, the employer's unemployment account shall not be charged for any unemployment benefits paid to me.

Applicant initials

I understand and agree that all policies and procedures of DeSoto Memorial Hospital may be modified, amended or deleted by the employer with or without notice to me of such amendment, medication or deletions; that the policies and procedures whether oral or written are to be advisory only, and are not to be interpreted as a contract of employment or to give me any right of continued employment, and that my employment may be terminated at the will of either myself or the Company with or without cause and with or without notice by either party. I also understand any other arrangements, agreements, or understandings regarding the term of employment are hereby canceled and superseded, and that no amendment or exception to this statement is valid unless in writing and signed by a corporate officer of DeSoto Memorial Hospital.

Applicant initials

I agree to comply with all rules and regulations; including but not limited to those of DeSoto Memorial Hospital, State, Federal and any other regulatory and accrediting agencies.

Applicant initials

I hereby certify that as a condition of prospective employment, all information stated in this application is true and correct. I further acknowledge that any false or inaccurate information stated in this application shall constitute grounds for immediate termination or disqualification from employment with DeSoto Memorial Hospital.

Applicant initials

Signature of Applicant: _____ Date: _____

Please click the submit button when your application is completed.

Please do not write in this space

FOR INTERNAL USE ONLY

Start Date: _____ Department: _____ Position Title: _____

Non-Exempt: Yes No Exempt: Yes No Hours: From _____ am/pm To _____ am/pm

Salary Grade ____ Step ____ ____ years credit given for previous experience Base Rate \$_____ (Rate waiving benefits \$ _____)

Shift Differential Yes No Call Pay Yes No Clinical Modality \$_____ #hrs/pay period _____

Full Time Part Time eligible Temp. Per Diem/Pool Part time not eligible Other _____

Remarks: _____

Department Director/Date _____ CNO-CFO/Date _____

Human Resources Director/Date _____ CEO/Date _____