

Fairview Healthcare

Please print, complete and submit to

Fairview Healthcare – Human Resources – 203 Lowell Road – Hudson NH 03051

Application for Employment

Please fill in all spaces and attach a resume. Enter N/A if item does not apply to you

Personal Information			
Date:	Name-Last	First	Middle
Social Security #	Address – Street	Home Phone:	Cell Phone:
City	State	Zip	
Position Desired:	Training for the position desired: (please list formal education on next page)		
Why do you choose hospital work?	What prompted you to apply here for employment?		
Are you related to anyone in our company? Who and How?			
Have you ever been convicted of, or plead guilty to, a crime other than a misdemeanor traffic violation? If yes, which state(s) and explain. (You are not required to disclose any sealed or expunged criminal records.)			
In case of an emergency please contact:			
Name: _____		Relationship: _____	
Address: _____		Telephone: _____	
Employment Understanding (Please read and sign)			
<p>This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age or 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.</p> <p>I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.</p> <p>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.</p> <p>If employed, I will be required to complete an Employment Verification Form (I-9), within three days show satisfactory evidence of identity and eligibility.</p>			
Sign _____		Date: _____	

Education

Name of Schools or Colleges	Major Subject (s)	Did you graduate?	Date of Graduation	Type Degree/Certif.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Professional License Number#	Type		State	
_____	_____		_____	
_____	_____		_____	

Former Employers and Experience

Current Employer:	Reason for desiring change			
_____	_____			
Name and Address	Nature of Experience	Start/End	Hourly Rate/Salary	Other Compens.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STOP Applicant please do not write in the space below

Interviewed by _____ Date: _____

Date to start work _____ Department _____ Title _____

Remarks _____

Release Interview

Resigned __	Released __	On Leave __	Circle Rating			
Ability as _____	Excellent	Good	Average	Fair	Poor	
Ability to work in a group _____	Excellent	Good	Average	Fair	Poor	
Cooperation with others _____	Excellent	Good	Average	Fair	Poor	
Ability to grasp ideas _____	Excellent	Good	Average	Fair	Poor	
Personality _____	Excellent	Good	Average	Fair	Poor	
Initiative Leadership _____	Excellent	Good	Average	Fair	Poor	
Stability; Dependability; Punctuality; _____	Excellent	Good	Average	Fair	Poor	
Character; Integrity; Honesty _____	Excellent	Good	Average	Fair	Poor	
Personal Appearance _____	Excellent	Good	Average	Fair	Poor	

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