



APPLICATION FOR EMPLOYMENT

- Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or disability.
- All offers of employment are contingent upon the results of a physical assessment, pre-employment drug and alcohol screen, and a criminal background check.
- St. Luke's Hospital is a tobacco free campus.
- Disabled applicants may request any accommodation needed to complete this application.
- Neither this application nor subsequent employment resulting from it creates a contract of employment for any specific period of time.

(PLEASE PRINT)

Date of Application _____

Position Applied for _____

Referral Source: Friend Relative Walk-in Job Line St. Luke's Web Site

Other Web Site (which one?) _____ Newspaper (which one?) _____

Name _____ Social Security # _____
Last First Middle Maiden

Home Phone _____ Work Phone _____ Cell Phone _____

Present Address _____
No. Street City State Zip

Can you work: Full-time (32 hrs/wk) _____ Part-time (specify hours) _____

Weekends _____ Evenings (2nd Shift) _____ Nights (3rd Shift) _____

Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation or charges of violation of criminal law? Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement, etc. If yes, explain. Yes No _____

Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct-based or performance-based actions? If yes, explain. Yes No

Have you been employed by St. Luke's Hospital before? Yes No If yes, when? _____

Do you have relatives or close friends who are employees of St. Luke's Hospital Yes No

If yes, please list their names: _____

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No

EDUCATION	HIGH SCHOOL	COLLEGE	GRADUATE/PROF
SCHOOL NAME/LOCATION			
YEAR COMPLETED			
COURSE OF STUDY			
DIPLOMA/DEGREE			

Specialized training, Computer skills, etc. _____

LICENSURE/CERTIFICATION DATA: Licensed/Certified/Registered in what State(s)? _____

N.C. Certificate/License Number _____ Renewal Date _____ Exp. Date _____

WORK HISTORY: Please start with most recent employer.

1. Employer _____ Address _____
 City _____ State _____ Phone _____
 Job Title _____ Supervisor _____
 Work Performed _____
 Dates (from) _____ (to) _____ Pay: Start _____ Final _____
 Reason for Leaving _____
 Name while employed (if different) _____

2. Employer _____ Address _____
 City _____ State _____ Phone _____
 Job Title _____ Supervisor _____
 Work Performed _____
 Dates (from) _____ (to) _____ Pay: Start _____ Final _____
 Reason for Leaving _____
 Name while employed (if different) _____

3. Employer _____ Address _____
 City _____ State _____ Phone _____
 Job Title _____ Supervisor _____
 Work Performed _____
 Dates (from) _____ (to) _____ Pay: Start _____ Final _____
 Reason for Leaving _____
 Name while employed (if different) _____

May we contact all of the employers listed above? Yes No If no, list one(s) not to contact:

PERSONAL REFERENCES (Not Relatives or Employers)

NAME	ADDRESS	PHONE	RELATIONSHIP TO APPLICANT

CERTIFICATION:

I certify that this application is correct and without omissions. I authorize St. Luke's Hospital to investigate the foregoing and any other information which might assist the Hospital to determine my qualifications for employment. I release St. Luke's Hospital and my former employers, and all others from liability which may result from such investigations. In the event of employment, I understand that if anything contained in this application is found untrue I will be subject to dismissal at the time of discovery. I further acknowledge that, if employed by St. Luke's, my employment will be "at will" and may be terminated with or without cause at any time.

I also understand that, if employed, the first ninety (90) days of my employment, or longer if recommended by my supervisor, will be used as a training and evaluation period. I will receive a written evaluation from my supervisor at the end of the ninety (90) day period.

Signature of Applicant

Date