



**Pattie A. Clay  
Regional Medical Center**

P.O. Box 1600  
Richmond, Kentucky 40476-2603

# APPLICATION FOR EMPLOYMENT

Pattie A. Clay Regional Medical Center is an Affirmative Action Employer and it is our policy to afford equal opportunity to all employees and applicants. We comply with all Federal, State and Local regulations as they pertain to Affirmative Action and Equal Employment Opportunity.

## PERSONAL HISTORY

Applicant Name (Please give complete name) Last                      First                      Mi		Social Security Number	Present Address (Include City, State, Zip)		Home Phone (    )    (    )
Position For Which You Are Applying		Type Position <input type="checkbox"/> FULL TIME <input type="checkbox"/> POOL <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	Shift <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT		Date Available For Work
Salary Requirements		Are you willing to Work <input type="checkbox"/> YES    Work <input type="checkbox"/> YES Holidays? <input type="checkbox"/> NO    Weekends? <input type="checkbox"/> NO		Have you ever worked for Pattie A. Clay <input type="checkbox"/> YES Hospital before? <input type="checkbox"/> NO	If YES, when and what position?
What are your career goals? _____ _____			Have you ever been convicted of a crime, including misdemeanors <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain _____ _____		
List any friends or relatives employed by Pattie A. Clay Hospital _____ _____			(A conviction does not automatically mean you cannot be hired. The convicted offense and how long ago are important. Give all the facts so a decision can be made.) _____ _____		
What prompted your application to Pattie A. Clay Hospital? (Please be specific) _____ _____					
Referred By _____					

## EDUCATIONAL HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL LOCATION	CHECK LAST YEAR ATTENDED IN SCHOOL	DATE GRADUATED (OPTIONAL)	DEGREE OR CERTIFICATE	List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race/color, national origin, religion, sex or handicap.
HIGH SCHOOL		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			Other names by which you may have been identified in relevant employment or academic records.
COLLEGE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
GRADUATE SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			List any professional licenses you possess, indicate type of license, license number and state.
OTHER		From (Year)    To (Year)			Clerical Skills (if applicable) <input type="checkbox"/> Typing _____ wpm <input type="checkbox"/> Word Processing <input type="checkbox"/> Operating Dictating Equipment <input type="checkbox"/> Medical Terminology Other Office Skills: _____

## WORK HISTORY

Name of Company (Most Recent)	Complete Street address	City, State, Zip	Phone Number (    )    (    )
Job Title	Supervisor's Name	Dates of Employment	Salary PER hr./wk./mo.
Briefly describe your job skills, responsibilities and accomplishments		Reason for Leaving	
		OK to Contact Now <input type="checkbox"/> YES <input type="checkbox"/> NO	

**WORK HISTORY (continued)**

Name of Company (Most Recent)		Complete Street address	City, State, Zip	Phone Number (      )
Job Title		Supervisor's Name	Dates of Employment	Salary PER hr./wk./mo.
Briefly describe your job skills, responsibilities and accomplishments		Reason for Leaving		
		OK to Contact Now <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Company (Most Recent)		Complete Street address	City, State, Zip	Phone Number (      )
Job Title		Supervisor's Name	Dates of Employment	Salary PER hr./wk./mo.
Briefly describe your job skills, responsibilities and accomplishments		Reason for Leaving		
		OK to Contact Now <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Company (Most Recent)		Complete Street address	City, State, Zip	Phone Number (      )
Job Title		Supervisor's Name	Dates of Employment	Salary PER hr./wk./mo.
Briefly describe your job skills, responsibilities and accomplishments		Reason for Leaving		
		OK to Contact Now <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Company (Most Recent)		Complete Street address	City, State, Zip	Phone Number (      )
Job Title		Supervisor's Name	Dates of Employment	Salary PER hr./wk./mo.
Briefly describe your job skills, responsibilities and accomplishments		Reason for Leaving		
		OK to Contact Now <input type="checkbox"/> YES <input type="checkbox"/> NO		
U. S. MILITARY	Branch:	Discharge Date	Speciality	

**STATEMENT OF APPLICANT (PLEASE READ CAREFULLY):** In applying for employment I want Pattie A. Clay Regional Medical Center to be fully informed of my previous record, and I hereby authorize Pattie A. Clay Regional Medical Center to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, schools, corporations, military and government agencies, credit bureaus and law enforcement agencies from any liability in furnishing such information. I understand that the Pattie A. Clay Regional Medical Center policy requires me to submit a sample of my urine and blood for chemical analysis to determine the presence or absence of drugs and/or alcohol. I consent freely and voluntarily to provide such urine and/or blood specimens prior to the start of my employment and I understand that employment is contingent upon passage of this chemical analysis. I further consent to any future request for urine and/or blood specimens pursuant to the Pattie A. Clay Regional Medical Center alcohol and Drug Policy. I hereby release and hold harmless Pattie A. Clay Regional Medical Center and its employees and agents from any liability whatsoever arising from any and all request to laboratory, its employees and agents and hold them harmless from any liability whatsoever arising from the release of such information to Pattie A. Clay Regional Medical Center.

I fully understand any misrepresentation of facts on this application shall be sufficient cause for dismissal in the event that I am hired, or shall be sufficient cause for the preclusion of further consideration of my application prior to being hired. I further understand that any offer of employment shall be subject to reference check. I understand and agree that, should I be offered employment, my commencement of work may be conditioned on the results of a medical examination, the cost of which, if administered, will be borne by Pattie A. Clay Regional Medical Center. I further agree to abide by the policies, procedures and practices of Pattie A. Clay Regional Medical Center. I further understand that this employment relationship is at will and may be terminated by either party at any time, with or without cause.

**RELEASE:** I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and , if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_