

Name _____
(Last) (First) (MI)

Address _____

State _____ ZIP _____ Day Time Phone () _____

Evening Phone () _____ Citizen of USA (yes) _____ (no) _____

Social Security No. _____ under 17 years? _____ over 70 years? _____

Position applied for: _____ Date available for work: _____

(emergency contact) Name _____ relationship _____

address _____ phone _____

Prior work history this institution? No _____ Yes _____ Position held _____

dates worked _____ / _____

<u>Education:</u>	(highest grade completed)	graduation year	major
Elementary School	5 6 7 8	_____	_____
High School	1 2 3 4	_____	_____
Vo/Tech/Business	1 2 3 4	_____	_____
Comm. College	1 2 3 4	_____	_____
College / University	1 2 3 4	_____	_____

Name of last school attended _____ address _____

Degree / Profession / Nursing / Technician / License/ certification /registration:

Name, Level, or Description _____

License / Registration Number _____ State / National _____

Expiration Date _____ Current Reciprocity or Re-activation? _____

Please list 3 Professional References

Name	address	phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Armed Services/Guard/Reserves? Yes ___ No ___ Branch _____ Rank _____

Discharge date _____ duties _____

Relatives currently working at SCM? No ___ Yes ___ Name? _____

Have you ever been convicted of a felony crime? No ___ Yes _____

Work History (Last 4 employers, beginning with the most recent)

Dates	Name/Address	Position	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Skills: (Please check) Word Processing ___ W.P.M. _____
 Familiar with medical terminology ___ IC coding ___ Ward clerk ___
 Office ___ Insurance filing ___ Medicare ___ Computer Skills: yes ___ No ___

Other skills that you believe would be helpful _____

I, _____ give my consent & permission for release of any information obtained from a personal background search (within guide lines of the law), to this facility only, as part of this application process.

 Signature Date

Where did you hear about this position? W.O.M. ___ Newspaper ___ TV ___
 Web ___ employment center ___ radio ___ other ___ none ___

 please do not write in this area

 Preliminary interview by: _____ Date _____
 Testing / Skills: _____
 Comments: _____
 Final interview by: _____ Date _____
 Wage rate _____ Shift differential _____ Hrs / Wk. _____ Ft. _____ Pt. _____
 Temporary Employee Hire _____ Permanent Employee Hire _____
 Entry Level _____ Anniversary Date _____
 This application to be kept (active/on-file) From _____ Until _____