

**PERSONAL INFORMATION** Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Have you ever been employed by a Columbia/HCA Hospital?  Yes  No When/Where: \_\_\_\_\_

Do you have adequate transportation to get to work on time and when called in on short notice?  Yes  No

Do you have relatives currently employed by our facility?  Yes  No Name of relative: \_\_\_\_\_

Are you legally authorized to work in the U.S.?  Yes  No

Are you able to perform the essential job related functions of the position for which you are applying with or without accommodation?  Yes  No Describe any accommodations needed: \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors and traffic offenses?  Yes  No  
 If yes, please give date, place and nature of each such conviction. \_\_\_\_\_

**EMPLOYMENT DESIRED** Salary Expected: \_\_\_\_\_

Position: \_\_\_\_\_ Date available: \_\_\_\_\_  
(Please specify position/Nurses, indicate area of interest)

**CHECK ALL APPROPRIATE BOXES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Time	Part Time	PRN	Temporary	Day Shift	Evening Shift	Night Shift	Rotating Shift

If part time or PRN, what hours could you be available to work? \_\_\_\_\_

Can you work weekends?  Yes  No Can you work holidays?  Yes  No

<p><b>LICENSE #, STATE AND EXPIRATION DATE:</b></p> <p>RN _____ LPN _____</p> <p>Other _____</p>	<p><b>CLERICAL OR OTHER SKILLS</b></p> <p>Typing _____ wpm Other _____</p> <p>Computer Software _____</p>
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<b>EDUCATION</b>				
SCHOOL	NAME & ADDRESS	COURSE OF STUDY	DATES	DEGREE
COLLEGE				
HIGH SCHOOL				
OTHER				

**EMPLOYMENT HISTORY**

Please indicate if current employer may be contacted.  Yes  No

List below your last five employers, starting with last one first.

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	JOB TITLE	SALARY/WAGE	SUPERVISOR/PHONE #	REASON FOR LEAVING
1 / / From					
/ / To					
JOB DUTIES					
2 / / From					
/ / To					
JOB DUTIES					
3 / / From					
/ / To					
JOB DUTIES					
4 / / From					
/ / To					
JOB DUTIES					
5 / / From					
/ / To					
JOB DUTIES					

**REFERENCES REQUIRED** Please list 2 people who can discuss your workplace skills and abilities (other than relatives).

NAME	TITLE	LENGTH OF ACQUAINTANCE	PHONE #

**ACKNOWLEDGEMENT & RELEASE**

I agree to conform to the hospital rules and regulations for reference/employment verification, investigative background checks and medical examinations.

I understand and agree that any employee handbook or benefit information which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of facility policies and benefits.

I certify that the answers given on this application are complete and true, and I authorize the investigation of any or all statements made herein. I realize that falsification or omission of any information in this application or during any interview may be cause for immediate rejection or dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR INTERVIEW USE:**

To Replace \_\_\_\_\_

Salary quoted \_\_\_\_\_

Applicant's Initials \_\_\_\_\_

Department Manager's Initials \_\_\_\_\_

**PRE-EMPLOYMENT DISCLOSURE & RELEASE**

APPLICANT'S FULL NAME \_\_\_\_\_

Any Other Name You Have Worked Under \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth (1) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License No. State \_\_\_\_\_

School or Institution of Professional Training \_\_\_\_\_

Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_

Name used at the Institution or School \_\_\_\_\_

Dates of Attendance and/or Graduation \_\_\_\_\_

My Present Employer May Be Contacted For a Job Reference Yes \_\_\_ No \_\_\_ .

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report (2) and/or investigative consumer report (3) may be made in connection with my application for employment with prospective employer (including contract for services). I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that a prospective employer and PreCheck, Inc., may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my educational/school records, driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment or denial of employment. I hereby discharge, release and indemnify the prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc.

The authorization granted herein expires one year from the date hereof.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

(1) The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

(2) A "Consumer Report" may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

(3) An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.



**Women's  
& Children's**  
HOSPITAL

**Acknowledgement**

(Reference: *Limitations of Employment*, Policy No. 600-106, *Background Investigations*, Policy No. 600-1093/400-147)

Are you currently, or a former employee of a fiscal intermediary?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you now, or have you been employed in a managerial, accounting, auditing or similar capacity by a fiscal intermediary during the previous 12 months?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you now, or have you ever been excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you now, or have you ever been convicted of a criminal offense related to the provision of health care items or services **and reinstated** in the Federal health care programs after a period of exclusion, suspension, debarment, or ineligibility?

\_\_\_\_\_ Yes \_\_\_\_\_ No

I also have been informed that Women's and Children's Hospital conducts a background investigation on all applicants that are considered for employment, including criminal background checks, Medicare Integrity checks and employment reference checks.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's SIGNATURE

\_\_\_\_\_  
Date