



Application for Employment

9400 Rhea County Hwy.

Dayton, TN 37321

Phone: (423) 775-8579 Fax: (423) 843-4510

Rhea Medical Center is committed to compliance with Title VII of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. This facility does not discriminate in admission procedures, services, training, operation or application and employment practices. We offer equal employment opportunities to all qualified persons without regard to race, color, national origin, sex, religion, age, disability or veteran status. The use of this form does not mean there are positions open and does not obligate us in any way. This application will remain on file for a period of one year from the date of application.

Position(s) Applying For:		Application Date:		
Referral Source: <input type="radio"/> Advertisement <input type="radio"/> Job Posting (Bulletin Board) <input type="radio"/> Internet/ Web Page <input type="radio"/> Employment Agency <input type="radio"/> RMC Employee <input type="radio"/> Relative <input type="radio"/> Other _____ Name of source (if applicable) _____				
Last Name	First Name		Middle Name	
Address	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Home Phone #	Cell Phone #	Work Phone #	Social Security Number	
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EMAIL ADDRESS: _____

Best time to call: _____ am/pm May we contact you at work? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No Not Applicable

Have you submitted an application before? Yes No If yes, provide date: _____

Have you ever been employed with us before? Yes No If yes, give dates, position and name employed under:

Are you currently employed? Yes No If yes, may we contact your present employer: Yes No

Are you available to work: Full-Time Part-Time Temporary Part-Time (PRN)

(check all that apply) Day Shift Evening Shift Night Shift Weekends

Are you legally authorized to work in the United States? Yes No

On what date would you be available to work? _____

EMPLOYMENT HISTORY

CHECK HERE IF NO WORK EXPERIENCE

DO NOT LEAVE ANY SECTIONS BLANK. IF NOT APPLICABLE, WRITE "N/A"
 Start with your present or last job. Include any military service assignments.

Employer	Dates Employed		Work Performed
	<u>From</u>	<u>To</u>	
Street Address			
City State			
Phone	_____ _____ _____		
Job Title	Hourly Rate / Salary		
Supervisor	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			

Employer	Dates Employed		Work Performed
	<u>From</u>	<u>To</u>	
Street Address			
City State			
Phone	_____ _____ _____		
Job Title	Hourly Rate / Salary		
Supervisor	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			

Employer	Dates Employed		Work Performed
	<u>From</u>	<u>To</u>	
Street Address			
City State			
Phone	_____ _____ _____		
Job Title	Hourly Rate / Salary		
Supervisor	<u>Starting</u>	<u>Final</u>	
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Employer	Dates Employed		Work Performed
	<u>From</u>	<u>To</u>	
Street Address			
City State			
Phone	_____ _____ _____		
Job Title	Hourly Rate / Salary		
Supervisor	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			

COMMENTS Include explanation of any gaps in employment dates:

SPECIALIZED SKILLS

Are you currently licensed in Tennessee as a health care professional (RN, LPN, MLT, etc.)? Yes No

If yes, list profession, license number and expiration date:

Are you currently certified as a Nurse Aide in Tennessee? Yes No Have you ever been certified? Yes No

Are you currently certified in any of the following? (check all that apply)

BLS ACLS PALS Other _____

Do you have a valid Tennessee driver's license if required for the position? Yes No

List any additional courses, certifications or special skills which you feel may be helpful to us in considering your application:

EDUCATION

	Name and Location of School	Course of Study	Years Attended (From/To)	Diploma/Degree Earned
High School				
Undergraduate College/University				
Graduate				
Other (Specify)				

PROFESSIONAL / PERSONAL REFERENCES *(Do not include family members)*

Name	Occupation	Relationship to You	Telephone	# of Years Known
1.				
2.				
3.				

List any additional information you would like us to consider. _____

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PLEASE READ THIS SECTION CAREFULLY AND SIGN AT THE BOTTOM

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify the information given by me in this application is true in all respects. I understand and agree that any material misrepresentation or deliberate omission of a fact on this application may be justification for refusal of, or if employed, termination from employment without notice. I understand this is an application for employment and that no contract is being offered.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Rhea Medical Center reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. I understand that no supervisor or representative of Rhea Medical Center is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Administrator/CEO. I understand that Rhea Medical Center may revise or change policies, procedures, wages, benefits, work hours or other conditions at any time.

If hired, I understand that Rhea Medical Center is required to comply with certain applicable federal, state and local laws governing the operations of hospitals and governmental entities, as well as my own professional license requirements, if applicable. I agree to comply with all applicable federal, state and local laws as an employee of Rhea Medical Center.

It is my understanding that Rhea Medical Center will make a thorough investigation of my work history and may verify all data given in my application for employment, related papers or oral interviews. I expressly authorized Rhea Medical Center, its representatives or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me. I hereby waive any and all rights and claims I may have regarding Rhea Medical Center, its representatives, or agents for seeking and using truthful, non-defamatory information in the employment process.

I agree to submit to a drug test and background check prior to beginning work.

Signature of Applicant

Date

01/2016