



A TALLAHASSEE MEMORIAL HEALTHCARE AFFILIATE

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants are given equal opportunity, and that selection decisions be based on job related factors.

Answer each question **fully and accurately**.

No action can be taken on this application until you have answered ALL questions.

Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on this application. In reading and answering the following questions, you are aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Today's Date _____ Position Applying for: _____

If this is a professionally licensed position, please provide the following:

License # _____

Are there now, or have there ever been any sanctions against your license? _____

If so, please explain: _____

Type of Employment you are seeking: Full-Time _____ Part-Time _____ PRN (as needed) _____

Date available for employment: _____

(Last Name) (First Name) (MI) (Telephone Number)

Email address: _____

(Present Street Address) (City) (State) (Zip Code)

Are you 18 years of age or older? Yes ___ No ___

If hired, can you submit proof of age? Yes ___ No ___

If hired, can you submit proof of eligibility to work in the US? Yes ___ No ___

 Have you ever applied at CLH before? Yes ___ No ___ If yes, when? _____



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Have you ever been employed at CLH before? Yes ___ No ___ If yes, when? _____

Have you ever been arrested for **any** law violation, (not to include **minor** traffic violations)
Yes _____ No _____

If yes, please give details:

(A 'yes' answer does not automatically disqualify you from employment since the nature of the offense; date and job you are applying for are also considered.)

Are you currently employed? Yes ___ No ___ If so, where? _____

May we contact your current employer? Yes _____ No _____
If no, please explain your concern: _____

How many days of work have you missed during the past year? _____

For Driving Jobs Only:

Do you have a valid FL Driver's License? Yes ___ No ___

DL# _____

Have you had your driver's license suspended or revoked in the last three (3) years?
Yes ___ No ___ If yes, give details: _____

List any professional, trade, business or civic activities and offices held. (Exclude Labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.) _____

EDUCATION (please list all that apply)

School/University	What years did you attend? (example 2002-2004)	Certification/Diploma/Degree Received



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What skills or additional training do you have that relate to the job you're applying for?

What machinery and/or equipment can you operate that might relate to the job for which you are applying? _____

Have you ever worked or attended school under another name? Yes ___ No ___

If yes, please give name(s): _____

Employment History

Current or Most Recent Former Employer

Name of Business Address Phone # Supervisor

Dates of employment: From _____ to _____ Position(s) _____

Beginning rate of pay: _____ Current or ending rate of pay: _____

Reason for Leaving: _____

Job Duties: _____

Previous Employer

Name of Business Address Phone # Supervisor

Dates of employment: From _____ to _____ Position(s) _____

Beginning rate of pay: _____ Rate of pay at departure: _____

Reason for Leaving: _____

Job Duties: _____



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2023

Previous Employer

 Name of Business Address Phone # Supervisor

Dates of employment: From _____ to _____ Position(s) _____

Beginning rate of pay: _____ Rate of pay at departure: _____

Reason for Leaving: _____

Job Duties: _____

References: Please list three references (**do not list relatives**)

Name	Length of time this individual has known you	Email or mailing address	Personal or Professional Reference



PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my dismissal, if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting and/or law enforcement agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand that I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency, so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation and all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre, post and/or random employment drug screen, as a condition of employment if required.

I understand that this application or subsequent employment does not create a contract of employment, nor guarantee employment for any defined period. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause, and with or without notice.

Signature: _____ **Date:** _____