FAIRVIEW REGIONAL MEDICAL CENTER

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

| Position Title (application must be for a specific job vacancy) Date Available Wage Desired Type of Employment Desir Full -time ☐ Se ☐ Part-time ☐ Oth Are You Currently employed? ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No If No, explain Have you ever applied with Fairview Regional Medical Center before? ☐ Yes ☐ No If yes, when? For what position? Personal Information Last Name ADDRESS (Number, Street, City, State, ZIP) Home Telephone Name all relatives employed by Fairview Regional Medical Center and their relationship to you: Education High School Attended and location Number of Years ☐ Did you grade | asonal ner | | | | | | | | |
|--|---------------|--|--|--|--|--|--|--|--|
| Are You Currently employed? □Yes □No If yes, may we contact your present employer? □Yes □No If No, explaid Have you ever applied with Fairview Regional Medical Center before? □Yes □No If yes, when? For what position? Personal Information Last Name | ner | | | | | | | | |
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| Have you ever applied with Fairview Regional Medical Center before? Yes | | | | | | | | | |
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| High School Attended and location Number of Years Did you grade | | | | | | | | | |
| High School Attended and location Number of Years Did you grade | Education | | | | | | | | |
| | uate? | | | | | | | | |
| completed: □Yes □ | No | | | | | | | | |
| Vocational, Trade, Business or Correspondence School (mailing address and Course(s)of Did you gra | | | | | | | | | |
| complete phone number) study: earn a certific \[\textstyres \textstyres \textstyres \qqq \qu | | | | | | | | | |
| | | | | | | | | | |
| College attended and location (mailing address and complete phone number) Course(s)of Did you grant to trudy: | | | | | | | | | |
| study: \square Yes \square | _ | | | | | | | | |
| hours completed | | | | | | | | | |
| Concret Information | | | | | | | | | |
| General Information Special Courses, training, experience and/or skills related to the position for which you are applying: | | | | | | | | | |
| opeoidi oodises, training, experience and/or skins related to the position for which you are applying. | | | | | | | | | |
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| Have you ever been convicted of a Crime? * TVes TNe TNe The standard to the st | ation) ==== | | | | | | | | |
| Have you ever been convicted of a Crime? * □Yes □No If yes, describe the crime and name the jurisdiction (location) and the disposition (results) of the conviction: | | | | | | | | | |
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| Administrative, office, computer applications, and related skills: List software packages with release version, an systems experience. | d specific | | | | | | | | |

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^{*}A conviction includes a plea of guilty and/or *nolo contendré* (no contest). This information does not necessarily prohibit employment with the Company. This information is only for job-related purposes and used only to the extent permitted by applicable state and federal law.

| Employment History (List present or most recent position first include any military employment) | | | | | | | | |
|--|---|-------|----------------|--|-----------------|-------------|--|--|
| Employer | | | Full Address: | | | Phone # | | |
| | | | | | | | | |
| Dates Employed (day/month/yr.) | | | Position Title | | Starting wage | Ending wage | | |
| From | То | - | | | | | | |
| Main duties, responsibilities & accomplishments: | | | | | | | | |
| | | | | | | | | |
| Your name while employed | | | | Name and position of your supervisor | | | | |
| | | | | Traine and position of your supervisor | | | | |
| Reason for leaving | | | | | | | | |
| | | | | | | | | |
| Employer Full Address | | | Full Address | | | Phone # | | |
| Dates Employed (da | y/month/yr.) | Posit | l ion Title | | Starting wage | Ending wage | | |
| From | T - | - | | | | | | |
| | | | | | | | | |
| Main duties, responsibilities & accomplishments: | | | | | | | | |
| | | | | | | | | |
| Your name while employed | | | | Name and position of your supervisor | | | | |
| Reason for leaving | | | | | | | | |
| | | | | | | | | |
| Employer Address | | | | | | Phone # | | |
| Dates Employed (da | Dates Employed (day/month/yr.) Position Title | | | | Starting wage | Ending wage | | |
| 1 03 | | | ion mic | | l ctarting mage | gge | | |
| From | То | 1 | | | | | | |
| Main duties, responsibilities & accomplishments: | | | | | | | | |
| | | | | | | | | |
| Your name while employed Name and position of your supervisor | | | | | | | | |
| Reason for leaving | | | | | | | | |
| | | | | | | | | |
| I certify that my answers to the above application questions are true and accurate without consequential omission of any kind. I understand that if I am employed, and false, misleading, or otherwise incorrect statement made on this application form or during my interview may be grounds for my immediate discharge. | | | | | | | | |
| Signature Date/ | | | | | | | | |
| | Signature | | | | _ Daie//. | | | |