



Mission Statement: *To improve the lives of everyone we touch.*

An Equal Opportunity Employer

PLEASE PRINT ALL INFORMATION REQUESTED,
EXCEPT SIGNATURE
INDICATE "NONE" WHERE APPLICABLE

Type of position for which you are applying: _____

Date available	Salary Desired
	\$ _____ per

Referred by:

Advertisement/Newspaper: _____

Agency/Name: _____

Employee/Name: _____

Other (Specify): _____

Today's Date: _____

Personal

Name - Last		First	Middle	E-mail Address	
Permanent Address - Street		City	State	Zip Code	Telephone (Area Code & No.) ()
					Cell Phone ()
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name used for previous education and/or employment, if other than current:		Do you have any relatives employed by Bell Hospital or its affiliates?		
			Name	Location	Relationship
Have you reached the minimum working age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Drivers License # _____ State _____ Type _____		

Education

	Number of Years Completed	Degrees Earned or Expected	Grade Point Avg.	Major Course of Study
High School				
College or University				
Trade or Business				
Other				

Military (Indicate only U.S. Armed Forces or State Militias)

Service Branch	From - Mo./Yr.	To - Mo./Yr.
----------------	----------------	--------------

Have you ever previously applied for employment with the Hospital or its affiliates? Yes _____ No _____ If yes, date(s) _____	Have you ever been employed by the Hospital or its affiliates? Yes _____ No _____ If yes, date(s) _____
Location _____	Location _____

Have you ever been convicted of a crime? (Do not include minor traffic violations)

Yes No If yes, please give details and dates of convictions. Yes answer will not necessarily disqualify you from consideration.

Describe your job interests and objectives:

WORK EXPERIENCE

1. PRESENT OR MOST RECENT EMPLOYER

Name		Address (Street, City, State, Zip Code)
Starting Date	Starting Salary	Starting Position
Termination Date	Last/Present Salary	Last/Present Position
Supervisor Name and Title		Reason for Leaving
Description of Duties		

May we contact your present or most recent employer? Yes No Phone: _____

2. PREVIOUS EMPLOYER

Name		Address (Street, City, State, Zip Code)
Starting Date	Starting Salary	Starting Position
Termination Date	Last Salary	Last Position
Supervisor Name and Title		Reason for Leaving
Description of Duties		

May we contact this employer? Yes No If yes, phone number: () -

Name		Address (Street, City, State, Zip Code)
Starting Date	Starting Salary	Starting Position
Termination Date	Last Salary	Last Position
Supervisor Name and Title		Reason for Leaving
Description of Duties		

May we contact this employer? Yes No If yes, phone number: () -

Name		Address (Street, City, State, Zip Code)
Starting Date	Starting Salary	Starting Position
Termination Date	Last Salary	Last Position
Supervisor Name and Title		Reason for Leaving
Description of Duties		

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Bell Hospital/Bell Medical Center (hereinafter called "the Employer"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like (as they may exist from time to time), or other Employer practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Employer, or to change in any respect the employment-at-will relationship between it and the undersigned. That relationship cannot be altered except by a written instrument signed by the Chief Executive Officer of the Employer. Both the undersigned and the Employer may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Employer may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that this may include the inspection and/or verification of educational records, professional organization and/or associations records, civil and criminal court records, licensing board or certification records, professional liability insurance records, military records, driving records as well as contact with personal and/or professional references and any other records or third parties that may have direct bearing upon my application. I further understand that my driving record will be reviewed annually if the position I hold with the Employer requires the use of an Employer owned vehicle or the operation of an automobile on State, Federal or any other Municipal road that requires a valid driver's license. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Employer permission to contact schools, previous employers (unless otherwise indicated), references, and others, (including but not limited to those listed above) and hereby release the Employer from any liability as a result of such contact.

I understand that, if hired, I am required to abide by all rules and regulations of the Employer and that I will be responsible for the care and return of any equipment or other Employer-owned property issued to me during my employment.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand that in accordance with the Immigration Reform and Control Act, I will be required to provide timely documentation of identity and employment eligibility.

I understand that, in connection with the routine procession of my employment application, the Employer may request from a consumer reporting agency an investigative report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Employer will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that, in connection with the routine processing of my application, the Employer will seek to identify if I am listed on the Office of Inspector General list of persons excluded from participation in federally funded programs.

Signature of applicant: _____ **Date:** _____

The Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, marital or veteran status, age or disability, or any other basis prohibited by law. We assure you that your opportunity for employment with the Employer depends solely on your qualifications.

Do not write below this line
