

APPLICATION FOR EMPLOYMENT

Douglas County Memorial Hospital and Prairie Health Clinic

708 8th Street

Armour, SD 57313

Equal Opportunity Employer

Date: _____ Social Security No. _____ Telephone No. _____

Name: _____ Address: _____

How many years have you lived at this address? _____

What kind of work are you interested in? _____

Would you accept full time work? Yes ___ No ___

Would you accept part time work? Yes ___ No ___

What prompted you to apply for work at DCMH/PHC

Have you ever been convicted of a crime? Yes ___ No ___

If yes, please explain: _____

Military Service Record

Have you ever served in the armed forces (U.S.)? Yes ___ No ___

If yes, what branch? _____ Dates of duty: From: _____ To: _____

What were your duties in the Service(i.e. special training and duty station) _____

Personal References (other than family members or previous employers)

1. Name: _____ Phone No: _____

Address: _____

2. Name: _____ Phone No: _____

Address: _____

3. Name: _____ Phone No: _____

Address: _____

****Note**** *This application will not be considered unless all questions are answered. Please fill out each question completely.*

Please check if Resume is attached: Yes ___ No ___

Education

<u>Education</u>	<u>Name and address of School</u>	<u>Years Completed</u>	<u>Degree earned</u>
Grammar School		5 6 7 8	N/A
High School		9 10 11 12	N/A
College/Vocational School			

Previous Employers

1. Company Name: _____ Phone No: _____

Address: _____ Employment Dates: _____

Position: _____ Last rate of pay: _____

Reason for leaving? _____

2. Company Name: _____ Phone No: _____

Address: _____ Employment Dates: _____

Position: _____ Last rate of pay: _____

Reason for leaving? _____

3. Company Name: _____ Phone No: _____

Address: _____ Employment Dates: _____

Position: _____ Last rate of pay: _____

Reason for leaving? _____

It is understood and agreed that any offer of employment to the applicant is predicated upon the truthfulness of the statements herein contained. False information given by the applicant may be used as a basis for discharge after employment has been actually secured by the applicant.

I hereby authorize any person, firm or corporation to furnish DCHM/PHC any information concerning my character, habits, law violations, if any, ability, financial responsibility, and particularly the cause of the termination of employment at any time, and hereby release them from any liability for damages on account of furnishing such information.

Signature of Applicant

Date

Signature of witness

Date