



1407 Whisenant
P.O. Box 2000
Duncan, OK 73534-2000
580-251-8595

**EMPLOYMENT
APPLICATION**

Personal

Name (last, first, middle) _____ Date _____
SSN _____ Phone: Home _____ Cell _____
Street address _____ City _____ State _____ Zip _____

If not a US citizen, do you have a work permit? Yes No If yes, please give expiration date _____
Excluding minor traffic violations, have you ever been convicted of or pled guilty to a crime, pled nolo contendere, or received a deferred sentence? Yes No
If yes, please describe _____

(A conviction will not necessarily preclude you from employment.)
Are you 18 years of age or older? Yes No

Job Preference

Position(s) for which you are applying, in order of preference 1. _____ 2. _____ 3. _____
Check employment you desire: Full time Part time Other _____ Shift(s) you can work: Day Evening Night
Will you work weekends and/or holidays? Yes No Date you can begin work _____ Minimum acceptable salary _____
Have you ever worked for Duncan Regional Hospital? Yes No
If yes, give your name, department/year _____
Are you related to any Duncan Regional Hospital team member? Yes No
If yes, give name, relationship and department _____

Education

Circle highest grade completed:	Year	Name & location of school	Major/minor	Grad? Yes/No
High school 9 10 11 12 GED				
College or university 1 2 3 4				
Vocational/business school				
Nursing school				
Other training or graduate school				

Professional licenses and certifications (if you are licensed in your particular field please answer)

Type	Organization/State Issued	License number	Issue date	Renewal number	Renewal date

Skills

Typing: _____ WPM Medical terminology Word processing Dictaphone 10-key PBX
 Computer (type) _____ Word Excel Other _____
Other skills _____

Military Service (if applicable)

Branch _____ Service dates: From _____ to _____ Active Reserve

Recruitment Information

Please check reason(s) for choosing Duncan Regional Hospital:
 Job line Radio Yellow Pages Newspaper ad Previously employed at DRH Reputation of DRH
 Recommended by current team member - please list name _____
Other (explain) _____

Work Experience

List all previous employers for whom you have worked. Start with your most recent employer and work back through previous positions.

1. Present (or most recent) employer _____ Business phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending salary _____
Title and duties _____ FT PT Other _____
Reasons for leaving _____ Your name while employed _____
May we contact your current employer? Yes No

2. Employer _____ Business phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending salary _____
Title and duties _____ FT PT Other _____
Reasons for leaving _____ Your name while employed _____

3. Employer _____ Business phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending salary _____
Title and duties _____ FT PT Other _____
Reasons for leaving _____ Your name while employed _____

4. Employer _____ Business phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending salary _____
Title and duties _____ FT PT Other _____
Reasons for leaving _____ Your name while employed _____

EXPLAIN ALL PERIODS OF UNEMPLOYMENT _____

Important - please read

APPLICATIONS ARE ACTIVE FOR 90 DAYS. I certify that all statements made in this application are true and complete to the best of my knowledge. I also understand that any false statements or omissions in this application will result in my application being rejected or my employment terminated.

I do hereby authorize any and all investigations deemed necessary by the hospital to verify the information contained herein and release Duncan Regional Hospital from any/all liability resulting from such investigation. I understand that Duncan Regional Hospital will not inform me of the details of any references received from previous employers.

I agree to submit to a physical examination including alcohol and drug screening if I am given a conditional job offer and understand that if I fail to pass, or refuse, I may not be hired by Duncan Regional Hospital or the offer of employment rescinded. Duncan Regional Hospital reserves the right to require its team members to submit to alcohol and drug screens and inspection of parcels brought into or taken out of the facility. I understand that refusal of such, when requested, could result in termination of employment.

I agree to conform to the DRH rules and regulations as made known to me at the time of employment or at any subsequent time. I understand that I may be required to take pre-employment tests as deemed necessary by the hospital.

I also understand that if employed, the terms and conditions of my employment, including duties, hours, working area and days of work, may be changed from time to time without notice by the hospital as it deems necessary and that employment with the hospital is at the mutual consent of the team member and the hospital. Accordingly, either the team member or the hospital may terminate the employment relationship with or without cause or notice. I understand that neither this application nor any documents given to me while employed by Duncan Regional Hospital constitute an employment contract of any kind.

I certify that I have not been sanctioned by, or excluded from, an Federal Health Care Programs. Such programs include, but are not limited to, Medicare, Medicaid, and Tri-care (formerly known as CHAMPUS.) I also certify that I have had NO civil monetary penalties imposed upon me in connection with any Federal Health Care Programs.

Signature _____ Date _____