



131 Hospital Drive
Salem, KY 42078
Phone: 270-988-2299 Fax: 270-988-3900

www.lhhs.org

Application for Employment

Livingston Hospital & Healthcare Services, Inc. (the "Hospital") is an equal opportunity employer dedicated to a policy of non-discrimination in employment without regard to race, religion, age, sex, color, national origin, disability, veteran or disabled veteran status. No question on this application is intended to secure information to be used for such discrimination. The use of this form does not mean there are positions open and does not obligate us in any way. Your employment application is kept in an active status for up to a year. After your application has been on file for over a year, it will be removed from our file. You would then have to complete a new application to be considered for employment. The completion of this employment application does not automatically result in an employment interview or job offer.

Personal Data

Please write or print legibly and complete application in full. If you fail to complete the entire application, you will not be considered for employment. Do not write "refer to resume".

| | |
|--|----------------------------------|
| Date of Application: _____ | Position Applying for: _____ |
| Name: Last _____ | First _____ Middle _____ |
| Home Address: _____ | City _____ State _____ Zip _____ |
| P.O. Box _____ (if applicable) | Social Security #: _____ |
| Home Phone: _____ | Cell Phone: _____ |
| Best time to call: _____ | |
| Referred By: <input type="checkbox"/> Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Other Name: _____ | |

Have you ever been employed by the Hospital? Yes No Dates: _____

Reason for Leaving: _____

List any relatives currently employed by the Hospital _____

Have you ever been convicted of a crime? Yes No If Yes, list convictions that are of public record (arrests are not convictions). _____

A conviction will not necessarily disqualify you from employment.

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No (Proof of eligibility is required upon employment.)

Are you 18 years of age or older? Yes No (The Hospital is required to comply with federal and state law.)

If no, employment is subject to verification that you are of minimum legal age.

Have you ever been convicted of a criminal offense related to health care? Yes No If yes, please explain:

Have you been listed by the government as debarred, excluded, or otherwise ineligible for federal program (for example, Medicare) participation? Yes No

Are you employed now? Yes No

Are you able to perform the job you have applied for? _____

Employment Information

Date available for employment: _____

Other positions you would consider: _____

Date Available: _____

Shift Desired: Full Time Part Time PRN (as needed) Other: _____

Indicate days and hours you are not available or prefer not to work: _____

Are you available on: Weekends Yes No Holidays Yes No Rotating Shifts Yes No

Employment History

Please begin with your present or most recent employer and follow with former places of employment including temporary, and all other employment. Complete all information even if a resume is attached.

| | | |
|-------------------------------------|---|---|
| 1. Employer: | Dates Employed From: _____ To: _____ | Salary Starting: _____ Ending: _____ |
| Address: _____ | City: _____ | State: _____ Zip: _____ |
| Job Title: _____ | Phone #: () _____ | Summary of Job: _____ _____ _____ |
| Name and Title of Supervisor: _____ | | |
| Reason for Leaving: _____ | | |
| 2. Employer: | Dates Employed From: _____ To: _____ | Salary Starting: _____ Ending: _____ |
| Address: _____ | City: _____ | State: _____ Zip: _____ |
| Job Title: _____ | Phone #: () _____ | Summary of Job: _____ _____ _____ |
| Name and Title of Supervisor: _____ | | |
| Reason for Leaving: _____ | | |

| | | | | | |
|-------------------------------------|--|---|--|---|------------|
| 3. Employer: | | Dates Employed From: _____ To: _____ | | Salary Starting: _____ Ending: _____ | |
| Address: _____ | | City: _____ | | State: _____ | Zip: _____ |
| Job Title: _____ | | Phone #: () _____ | | Summary of Job: _____ | |
| Name and Title of Supervisor: _____ | | | | _____ | |
| Reason for Leaving: _____ | | | | _____ | |
| 4. Employer: | | Dates Employed From: _____ To: _____ | | Salary Starting: _____ Ending: _____ | |
| Address: _____ | | City: _____ | | State: _____ | Zip: _____ |
| Job Title: _____ | | Phone #: () _____ | | Summary of Job: _____ | |
| Name and Title of Supervisor: _____ | | | | _____ | |
| Reason for Leaving: _____ | | | | _____ | |

Account for any time gaps in your work history: _____

For reference purposes, have you ever worked under another name? Yes No

If yes, indicate name and company: _____

Have you ever been terminated involuntarily from a job? Yes No If yes, explain: _____

Have you served in the U.S. Military Service? Yes No If yes, Branch: _____

Date _____ to _____ Reason for leaving: _____

Education Background

| School | Name-Address-City-State | Circle Last Year Completed | | | | Degree | Major or Course of Study |
|---------------|-------------------------|----------------------------|----|----|----|--------|--------------------------|
| | | 9 | 10 | 11 | 12 | | |
| High School | | | | | | | |
| | | GED | | | | | |
| College | | | | | | | |
| | | 1 | 2 | 3 | 4 | | |
| Voc/Technical | | | | | | | |
| | | 1 | 2 | 3 | 4 | | |
| Other | | | | | | | |

Additional Information: Are there any other experiences or skills that may qualify you for employment:

Activities and Achievements

Honors, Awards, and Fellowships: _____

Professional and Technical Associations: _____

Professional Registration and/or Licensure

Do you possess any kind of professional license, certificate, or registration? (excludes driver's license) Yes No

| Specify Licensure | State | Issuing Authority | License Number | Date Issued | Expiration Date |
|-------------------|-------|-------------------|----------------|-------------|-----------------|
| | | | | | |
| | | | | | |

Have you ever had any professional registration, certification, or licensure suspended or revoked; ever informally resolved any negative recommendation or potential negative action involving your registration, licensure, or certification or have any actions or recommended pending against you ? Yes No

If yes, please provide explanation and dates: _____

Professional Reference

| Name/Occupation | Address/City-State-Zip | Phone Number(s) |
|-----------------|------------------------|-----------------|
| 1. | | Home: () |
| | | Business: () |
| 2. | | Home: () |
| | | Business: () |
| 3. | | Home: () |
| | | Business: () |

Applicant's Statement and Release: (Please read and sign below)

1.

I certify that the information provided in this application is true and complete. I authorize an investigation of all statements contained in my application for employment and understand that any false or misleading statements or material omissions, whether intentional or unintentional, are cause for refusal to hire or separation of employment, if employed, regardless of when the false or misleading statements or material omissions are discovered.

2.

I hereby authorize former and present employers, except as I have otherwise indicated in writing to the Hospital's Human Resources Manager, as well as physicians, medical personnel, references, schools, and others to provide or verify any information they have regarding me or my employment with them to an official representative of the Hospital, and I release all of the above people and organizations from any liability arising from the furnishing of any employment history or medical information to the Hospital.

I authorize the Hospital to make such investigations and inquiries of my educational, criminal record and related matters as may be necessary in arriving at its employment decision.

I consent to physical and medical examinations as requested by the Hospital.

3.

I further agree and understand that except as governed by existing federal, state or local law where applicable, my employment or offer of employment establishes no guarantee or promise of continued employment or set hours of work or any other obligation on the part of the Hospital beyond pay for actual work performed at the agreed upon rate and that the employment relationship may be terminated at any time, by myself or the Hospital, at either parties' option and will.

If employed, I understand that my work schedule and assigned hours may change due to the needs of the Hospital and agree to accept such changes as a condition of employment.

4.

I agree to familiarize myself with the Hospital's policies and understand that policies may be established/amended as is necessary. I agree to protect the confidence and privacy of any and all information which pertains to the conduct of the Hospital's business. I understand that only the President of the Hospital may amend this agreement and that such amendment must be in writing and signed by the parties.

5.

I understand that neither this document nor any offer of employment constitutes an employment contract. I understand that if hired, I will be an employee at will and employment will be for no definite period of time but rather will be subject to termination by myself or the Hospital at any time for any reason.

6.

I understand that the Hospital is a drug free workplace and authorize a pre-employment drug screen to be performed as a condition precedent to my employment, and understand that, should I refuse to submit to a drug screen, the conditional offer of employment will be revoked per the Hospital's Drug Free Workplace policy. In the event of employment, I understand that I am required to abide by all rules and regulations of the employee personnel policies of the Hospital.

Finally, I understand that I am obligated to advise the Hospital if I am subject to or observe sexual harassment or any other form of prohibited harassment.

Applicant Signature: _____

Date: _____

Printed Name: _____