

Scotland County Hospital Employment Application

450 East Sigler Ave • Memphis, MO 63555
scotlandcountyhospital.com • 660-465-8511

It is the policy of Scotland County Hospital to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status. This institution is an equal opportunity provider and employer.

SECTION I

Applicant Name : _____

Address: _____

City/State/Zip: _____

Primary Phone: _____ Primary Email: _____

Are you at least 18 years of age: Yes No Position Applied For: _____ Dept. _____

Available Begin Date: _____

Previously Worked for SCH: Yes No Dates: _____ Position: _____ Dept. _____

Relatives Employed at SCH: Yes No If yes – Name and Position: _____

SECTION II EDUCATION BACKGROUND:

High School/GED Degree Received: Yes No

School Name & Address: _____

College/University Degree Received: Yes No Type of Degree: _____

College Name & Address: _____

Other Training/License/Certification/Registration (graduate, technical, vocational): _____

Military Service: Yes No

Branch: _____ Rank: _____

Discharge Date: _____ Duties: _____

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

SECTION III REFERENCES

Please list three professional references:

Name: _____ Address: _____

City/State/Zip: _____

Primary Phone: _____

Relationship: _____

Name: _____ Address: _____

City/State/Zip: _____

Primary Phone: _____

Relationship: _____

Name: _____ Address: _____

City/State/Zip: _____

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SECTION IV EMPLOYMENT HISTORY

List Most Recent or Current Employment First:

Employer Name: _____ Supervisor Name: _____

Address: _____ City/State/Zip: _____

Phone: _____

Dates of Employment (Month/Year): _____ to _____ Reason for Leaving: _____

Position/Job Duties: _____

Employer Name: _____ Supervisor Name: _____

Address: _____ City/State/Zip: _____

Phone: _____

Dates of Employment (Month/Year): _____ to _____ Reason for Leaving: _____

Position/Job Duties: _____

Employer Name: _____ Supervisor Name: _____

Address: _____ City/State/Zip: _____

Phone: _____

Dates of Employment (Month/Year): _____ to _____ Reason for Leaving: _____

Position/Job Duties: _____

Business Skills: Typing or Word Processing _____ WPM _____
Familiar with medical terminology _____ IC Coding _____ Ward Clerk _____ Office Skills _____
Insurance filing _____ Medicare _____ Are you "user friendly" on a computer? Yes No

Describe other skills that you believe would be helpful in the position in which you've applied:

Where did you hear about this position? ___Newspaper ___Radio ___Word of Mouth ___ Hospital Website
Other _____

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize **Scotland County Hospital** to contact former employers and educational organizations to fully and freely communicate information regarding my previous employment and education.

May we contact your current employer? Yes No

I have carefully read the above certification and I understand and agree to its terms.

Signature: _____ Date: _____

Please do not write below this line.

Preliminary Interviews By: _____ Date: _____

Final Interviews Completed by _____ Date: _____

Comments: _____

PT	FT	PRN	Temporary Employee	Permanent Employee	Start Date _____
Wage Rate \$			Shift Differential	Hrs/Week	
Salaried			Exempt	Non-Exempt	