



Ellett Memorial Hospital
 610 N. Ohio Avenue
 Post Office Box 6
 Appleton City, MO 64724
 (660) 476-2111 Phone
 (660) 476-2421 Fax

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

Equal Opportunity Employer

NAME: _____ DATE: _____

Last First Middle

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

PHONE NUMBER: _____

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? Yes No

EMPLOYMENT DESIRED

POSITION: _____ START DATE: _____ SALARY DESIRED: _____

Are you employed now? Yes No May we inquire of your present employer? Yes No

Have you ever applied to this facility before? Yes No If yes, when? _____

Referred by: _____

EDUCATION

GRAMMAR SCHOOL: _____

Name	Address	City	State	Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				

HIGH SCHOOL: _____

Name	Address	City	State	Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				

COLLEGE: _____

Name	Address	City	State	Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TRADE, BUSINESS, OR CORRESPONDENCE: _____

Name	Address	City	State	Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				

GENERAL

Subjects of special study or research work: _____

Special Skills: _____

U.S. Military or Naval Service: _____ Rank: _____

FORMER EMPLOYERS (List below the last three employers, starting with the most current employer first)

Name & Address of Employer: _____
Employed From: _____ To: _____ Position: _____ Salary: _____
Reason for Leaving: _____

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Employed From: _____ To: _____ Position: _____ Salary: _____
Reason for Leaving: _____

Name & Address of Employer: _____
Employed From: _____ To: _____ Position: _____ Salary: _____
Reason for Leaving: _____

Which job did you like the best? _____
What did you like most about this job? _____

REFERENCES (Names of three persons, not related to you, whom you have known at least one year)

NAME	BUSINESS	ADDRESS	YEARS OF AQUAINTENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency, notify: _____
Name Address Phone Number

“I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the company may change with or without notice, the terms and conditions of my employment at any time. I understand that no company representative other than its’ President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Signature: _____ Date: _____

FOR OFFICE USE ONLY		
Interviewed by: _____	Date: _____	
Remarks: _____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: _____	Department: _____ Salary/Wage: _____