



above box for office use only

**MOREHOUSE GENERAL HOSPITAL  
APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Name: \_\_\_\_\_ List any other name used: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Number or PO Box) (City, State, Zip)

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If employed and you are under age 18, can you furnish a work permit? \_\_\_\_ Yes \_\_\_\_ No

Have you filed an application here before? \_\_\_\_ Yes \_\_\_\_ No If yes, date \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you available to work: \_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Shifts \_\_\_\_ Temporary

Veteran of the U.S. Military Service? \_\_\_\_ Yes \_\_\_\_ No

**EMPLOYMENT EXPERIENCE** *Total years experience in position applied for* \_\_\_\_\_  
(List your three most recent employers starting with present employment if applicable)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street and Number or PO Box)

Phone: \_\_\_\_\_  
(City, State, Zip)

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street and Number or PO Box)

Phone: \_\_\_\_\_  
(City, State, Zip)

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street and Number or PO Box)

Phone: \_\_\_\_\_  
(City, State, Zip)

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EDUCATION:** High School Attended \_\_\_\_\_

Address \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_

College or University \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address \_\_\_\_\_ Type of Degree \_\_\_\_\_ Major \_\_\_\_\_

Other Education \_\_\_\_\_

Have you ever been convicted of any crime other than a minor traffic violation? \_\_\_\_\_

Have you ever been excluded from participation in federal health programs? (Medicare, Medicaid, CHIP or Tricare?) \_\_\_\_\_

If so, explain: \_\_\_\_\_

I understand that being given this employment application to complete does not necessarily indicate that there are positions open, and does not, in any way, obligate the hospital to hire me. I further understand that any false or misleading information or the omission of pertinent data entered on this application form shall be sufficient cause for rejection or immediate dismissal. If hired, I agree to conform to all rules, regulations, and policies of the hospital. I further understand that no representative of the hospital has the authority to enter into any type of employment agreement with me, that my employment is for an indefinite period of time, and that my employment may be terminated at any time at the option of either the hospital or myself. Finally, I state my understanding that the hospital has various mandatory policies with which employees are required to comply, including overtime, shift work, weekend work, and a rotating schedule, all of which I accept as condition of my employment, if hired.

I hereby authorize Morehouse General Hospital to conduct a background check including criminal history and previous employers.

I have applied for employment with MGH and hereby authorize you to furnish the information requested concerning my background. In signing this authorization, I release your company, its employees and/or its agents from any liability that may result now or later because of complying with this request.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date