



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