EcH

Edgefield County Hospital

APPLICATION FOR EMPLOYMENT

THE FOLLOWING MUST BE FILLED OUT COMPLETLEY FOR YOUR APPLICATION TO BE CONSIDERED. (Please Print)

Background Checks

Edgefield County Hospital is concerned about violence in the workplace, falsified employment applications, and employee theft. We will conduct a background check on all candidates considered for employment. Edgefield County Hospital is committed to maintaining a DRUG-FREE workplace. CANDIDATES MAY BE SUBJECT TO DRUG SCREENING AS ALLOWED BY LAW.

Personal Data

Name (Last) (First) (Middle) Have you ever used another name? ☐ Yes ☐ No If yes, please list

Present Address City State Zip Code

Mailing Address (if Different) City State Zip Code

Business Phone #- May we contact you? _____Yes _____ No Home Phone#

Social Security Number Drivers License Number (include State)

Have you ever been employed with Edgefield County Hospital?
_____ Yes _____ No If yes: Month and Year_____

Are you legally eligible for employment in the United States? _____ Yes _____ No

Do you have any relatives working for Edgefield County Hospital? _____ Yes _____ No

If yes, indicated name(s) and relationship(s)._____

Employment Interests

Indicate Position(s) applying for:

1. _____
2. _____
3. _____
4. _____

Are you applying for?

☐ Regular Full-Time Work

☐ Regular Part-Time Work

☐ Temporary/PRN Work

Date Available to Work: _____

How were you referred to Edgefield County Hospital? _____

Employment History

Please list below all present and past employment for the last five (5) years, starting with your most recent employer. **You must complete this section even if attaching a resume.** Note: Attach additional page(s) if necessary. Please explain any gaps of employment by attaching a separate sheet.

Are you currently employed? ____ Yes ____ No If yes, may we make inquiries with your current employer? ____ Yes _____ No

Name of current or most recent employer | Type of Business | Telephone Number

Address | City | State | Zip Code

Job Title | Supervisor's Name | Reason for Leaving

Job Duties

Dates of Employment | Beginning Salary ☐ Hourly ☐ Salary | Ending Salary ☐ Hourly ☐ Salary

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Job Duties

Dates of Employment | Beginning Salary ☐ Hourly ☐ Salary | Ending Salary ☐ Hourly ☐ Salary

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Education /Training/ Experience

Name of School	City, State	No. of Years Completed	Degree/Diploma	Did you Graduate?
High School				
College /University				
Vocation / Business				

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion, or national origin)

_____
_____
_____
_____
_____
_____

Professional Licenses and/or Certification

Current Status: ☐ Registered ☐ Licensed ☐ Certified
Eligible for: ☐ Registered ☐ Licensed ☐ Certified

Type_____ State Issued _____ Date ___/___/___ No._____
Expiration Date (If applicable) _____

References

List below three (3) persons not related to you who have knowledge of your work performance within the last five years.

Name	Relationship / Title	Phone Number	Years Know

PLEASE ANSWER ACCURATLEY
We conduct Full Background Checks on all Candidates Considered for Employment

Have you ever, under your name or another name, been convicted of (or plead guilty or plead no contest to) a Felony?
☐ Yes ☐ No
If yes, state nature of the crime(s), when and where convicted and disposition of the case(s):

_____
_____
_____
_____
_____

Are you currently available for work, or released on bond of your own recognizance, pending trial for a criminal offense?
☐ Yes ☐ No
If yes, state the nature of the crime charged, and when and where the trial is pending:

_____
_____
_____
_____

Please Note: No applicant will be denied employment solely on the grounds that they have been charged, committed or have been convicted (or pleaded guilty or no contest) of a criminal offense, solely on an affirmative answer above. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will be considered.

Notice: Thank you for your interest in Edgefield County Hospital employment opportunities and for completing this application form. If there is a current opening for the position(s) you are seeking and the information in your application suggests that you meet the minimum qualification and are among the best qualified candidates for that position, you may be contacted for an interview. If there is no opening for the position(s) you are seeking, your application will be kept active for six months.

AUTHORIZATION
PLEASE READ THE FOLLOWING CAREFULLY,
INITIAL EACH PARAGRAPH, THEN SIGH BELOW

_____Initial

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me to the previous questions and statements are true and correct. I hereby authorize Edgefield County Hospital to verify same. I also authorize my former employers and educational institutions to give any information that they may have regarding me. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____Initial

I understand that Edgefield County Hospital is a drug-free workplace and agree to drug testing when required.

_____Initial

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to created an employment contract between me and the Hospital. I understand that if employed and in consideration of my employment, I agree to conform to the rules and regulations of the Hospital. I also understand that every aspect of my employment with the Hospital shall be on an at-will basis, meaning that I or the Hospital may terminate my employment at any time, for any reason, with or without cause. I further understand that the Hospital expressly reserves its authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, the size of the workforce, demotion, transfer and discipline. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship with the Hospital, that it is final and fully binding, and that there are no oral, written, or collateral agreements regarding this issue. I further understand and agree that no one other than the Chief Executive Officer of the Hospital may modify or change the at-will nature of my employment relationship. Any such modifications must be in writing and signed by the Chief Executive Officer of the Hospital in order to be executed.

Signature: _____ Date: _____

Print Name: _____

If this application was not completed by you, please proceed with the following:

I, _____have completed this application on behalf of _____("applicant"). In addition, I translated the entire contents of this application to the applicant.

Signature: _____ Date: _____

Mission Statement: To provide quality and appropriate care to all people.

ECH● 300 Ridge Medical Plaza ● Edgefield, South Carolina 29824 ● Phone: 803-637-3174 ● Fax: 803-637-3176

Edgefield County Hospital is an equal opportunity employer. We comply with all state and federal civil rights and equal employment laws and regulations.