

# Casa Grande Regional Medical Center

## 1800 E. Florence Blvd.

## Casa Grande, AZ 85122

PERSONAL DATA	LAST NAME			FIRST NAME			MIDDLE NAME			SOC. SEC. NO.			DATE OF APPLICATION								
	CURRENT ADDRESS						CITY			STATE			ZIP CODE			HOME PHONE			WORK PHONE		
	PERMANENT ADDRESS						CITY			STATE			ZIP CODE			HOME PHONE			WORK PHONE		
	ARE YOU A CITIZEN OF THE UNITED STATES OR OTHERWISE ELIGIBLE TO WORK IN THE UNITED STATES?									IF NOT, CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?											
	<input type="checkbox"/> YES <input type="checkbox"/> NO									<input type="checkbox"/> YES <input type="checkbox"/> NO											
AFTER REVIEWING THE FUNCTIONS OF THE JOB YOU ARE APPLYING FOR, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THAT JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS?																					
ARE YOU UNDER 18 YRS OF AGE?					HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?					IF YES, PLEASE EXPLAIN. A YES RESPONSE DOES NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT.											
<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO																

JOB PREFERENCE	POSITION(S) APPLYING FOR:										DATE AVAILABLE FOR EMPLOYMENT:				
	_____										_____				
	ARE YOU APPLYING FOR: (PLEASE CHECK ALL THAT APPLY)														
<input type="checkbox"/> FULL TIME <input type="checkbox"/> DAYS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> PART TIME <input type="checkbox"/> EVENINGS <input type="checkbox"/> ON-CALL <input type="checkbox"/> WINTER WORK <input type="checkbox"/> NIGHTS <input type="checkbox"/> PER DIEM <input type="checkbox"/> ROTATING SHIFT					WOULD YOU CONSIDER WORKING ANY SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO WEEKEND & HOLIDAYS					PREFERRED DEPARTMENT: _____ SHIFT PREFERRED: <input type="checkbox"/> 8 HRS <input type="checkbox"/> 12 HRS <input type="checkbox"/> 10 HRS <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup>					

EDUCATION	SCHOOL ATTENDED INCLUDING CURRENT			ADDRESS			NUMBER YEARS ATTENDED			DID YOU GRADUATE?			DEGREE EARNED		
	HIGH SCHOOL									<input type="checkbox"/> YES <input type="checkbox"/> NO			GED EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO		
	TECH / COLLEGE / UNIVERSITY									<input type="checkbox"/> YES <input type="checkbox"/> NO					
	TECH / COLLEGE / UNIVERSITY									<input type="checkbox"/> YES <input type="checkbox"/> NO					
	TECH / COLLEGE / UNIVERSITY									<input type="checkbox"/> YES <input type="checkbox"/> NO					
	TECH / COLLEGE / UNIVERSITY									<input type="checkbox"/> YES <input type="checkbox"/> NO					
	YEARS OF EXPERIENCE _____			ARE YOU CURRENTLY:			<input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSE <input type="checkbox"/> CERTIFIED			<input type="checkbox"/> NALS <input type="checkbox"/> ACLS					
				ELIGIBLE FOR:			<input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION			<input type="checkbox"/> PALS <input type="checkbox"/> CPR					
	TYPE _____			STATE ISSUED _____			EXP. DATE _____			NO. _____			ORIGINAL LICENSE DATE _____		
	TYPE _____			STATE ISSUED _____			EXP. DATE _____			NO. _____			ORIGINAL LICENSE DATE _____		
LIST ANY SPECIAL SKILLS, PROFESSIONAL AFFILIATIONS, ETC. _____															

**SPECIAL SKILLS**

TYPING SPEED: \_\_\_\_\_ WPM    SHORTHAND SPEED: \_\_\_\_\_    10 KEY \_\_\_\_\_    OPERATE DICTATION EQUIPMENT :  YES  NO

DO YOU HAVE EXPERIENCE IN THE FOLLOWING:    PC  YES  NO    DATABASE  YES  NO  
 SPREADSHEET  YES  NO    WORD PROCESSING  YES  NO    OTHER: \_\_\_\_\_  
 If yes, specify: \_\_\_\_\_    If yes, specify: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

START WITH THE MOST RECENT EMPLOYMENT; GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS OF UNEMPLOYMENT (INCLUDING MILITARY SERVICE AND VOLUNTEER SERVICE FOR THE PAST FIFTEEN (15) YEARS). NOTE: IF ADDITIONAL SPACE IS NEEDED FOR YOUR EMPLOYMENT EXPERIENCE, AN EMPLOYMENT SUPPLEMENT SECTION CAN BE FILLED IN ON THE LAST PAGE OF THE APPLICATION.

COMPANY NAME	ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE
TYPE OF BUSINESS		SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT
TITLES/DUTIES					
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY	STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME	ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE
TYPE OF BUSINESS		SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT
TITLES/DUTIES					
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY	STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME	ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE
TYPE OF BUSINESS		SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT
TITLES/DUTIES					
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY	STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME	ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE
TYPE OF BUSINESS		SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT
TITLES/DUTIES					
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY	STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME	ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE
TYPE OF BUSINESS		SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT
TITLES/DUTIES					
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY	STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>EMPLOYMENT CON'T</b>	COMPANY NAME	ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE
	TYPE OF BUSINESS		SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT
	TITLES/DUTIES					
	REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY	STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAVE YOU EVER BEEN EMPLOYED AT ONE OF THE FACILITIES IN THE ORGANIZATION? <input type="checkbox"/> CGRMC <input type="checkbox"/> CAMC <input type="checkbox"/> DPCC <input type="checkbox"/> RHP <input type="checkbox"/> DVCC			IF SO, START DATE(S)	END DATE(S)	

<b>MILITARY</b>	ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, WHAT BRANCH: _____
	ARE YOU A MEMBER OF THE NATIONAL GUARD OR RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, STATUS? <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE
	MILITARY POSITION: _____

<b>RECRUITMENT METHODS</b>	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> STUDENT WORK EXPERIENCE	<input type="checkbox"/> PROFESSIONAL PUBLICATION: _____
	<input type="checkbox"/> JOB SERVICE	<input type="checkbox"/> YELLOW PAGES	<input type="checkbox"/> EMPLOYEE REFERRAL: _____
	<input type="checkbox"/> JOB LINE	<input type="checkbox"/> HOSPITAL VOLUNTEER	<input type="checkbox"/> MASS MAILER
	<input type="checkbox"/> SCHOOL REFERRAL	<input type="checkbox"/> COMMUNITY BASED ORG.	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> RECRUITMENT TRIP			<input type="checkbox"/> NEWSPAPER
DO YOU HAVE ANY RELATIVES EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, NAME: _____ RELATIONSHIP: _____			

<b>PERSONAL REFERENCES</b>	REFERENCE NAME	PHONE NUMBER	ALTERNATE PHONE NUMBER
	ADDRESS	CITY	STATE      ZIP CODE
	REFERENCE NAME	PHONE NUMBER	ALTERNATE PHONE NUMBER
	ADDRESS	CITY	STATE      ZIP CODE
	REFERENCE NAME	PHONE NUMBER	ALTERNATE PHONE NUMBER
	ADDRESS	CITY	STATE      ZIP CODE

**READ THE FOLLOWING STATEMENT CAREFULLY, APPLICATION INVALID UNLESS SIGNED BY THE APPLICANT.**

I authorize investigation of all information contained in this Application for Employment. I affirm that all information contained in this document is true and complete and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal or refusal of employment. I understand that any employment with this organization *is contingent on my satisfactory reference review and negative pre-employment drug screen.*

If this application is accepted I understand that the terms of my employment, including my working conditions, compensations, benefits, hours or work schedule and job assignment will be determined solely by this organization. I also understand that the terms and conditions of my employment can be changed at any time as this organization sees fit and without any notice to me. I understand that my employment is *"at will"* which means that I can quit my job any time I want for any reason or for no reason at all and at the same time, this organization may discharge me at any time for any reason or for no reason at all and without any advance notice. I understand that no individual associated with this organization has any authority to make any agreement or promise to me that in any way changes my status as an *"at will"* employee.

In addition, I grant this organization permission to contact any previous employer listed on this application for purposes of reference checks, unless otherwise noted on this document. I also grant permission to any previous employer to disclose any and all information concerning my previous employment.

\_\_\_\_\_  
APPLICANT NAME - PRINT

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



## SUPPLEMENTAL EMPLOYMENT EXPERIENCE

START WITH THE MOST RECENT EMPLOYMENT; GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS OF UNEMPLOYMENT (INCLUDING MILITARY SERVICE AND VOLUNTEER SERVICE FOR THE PAST FIFTEEN (15) YEARS).

SUPPLEMENTAL EMPLOYMENT EXPERIENCE

COMPANY NAME		ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE	
TYPE OF BUSINESS			SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT	
TITLES/DUTIES							
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY		STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME?		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME		ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE	
TYPE OF BUSINESS			SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT	
TITLES/DUTIES							
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY		STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME?		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME		ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE	
TYPE OF BUSINESS			SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT	
TITLES/DUTIES							
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY		STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME?		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME		ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE	
TYPE OF BUSINESS			SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT	
TITLES/DUTIES							
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY		STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME?		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME		ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE	
TYPE OF BUSINESS			SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT	
TITLES/DUTIES							
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY		STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME?		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME		ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE	
TYPE OF BUSINESS			SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT	
TITLES/DUTIES							
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY		STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME?		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME		ADDRESS	CITY	STATE	ZIP	AREA CODE/PHONE	
TYPE OF BUSINESS			SUPERVISOR NAME / TITLE		DATE EMPLOYED	DATE LEFT	
TITLES/DUTIES							
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, SPECIFY		STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED MAY WE CONTACT AT THIS TIME?		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		