



EastRidge
Health Systems

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Full Time/Part Time : _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

EastRidge Health Systems intends to provide a safe and healthful environment for employees and consumers. You will be expected to successfully pass a drug screen test as part of the post-offer application process.

I hereby certify that all answers and statements given by me on this application are true, complete, and accurate. I understand that if I am employed, false statements on this application will result in immediate termination. I further understand that this application is not intended to be a contract of employment, nor does this application obligate EastRidge Health Systems in any way. Furthermore, I understand that if I am hired, my employment can be terminated with or without cause at any time at the discretion of either the company or myself. Further, I understand that I cannot be granted an oral promise of employment by anyone with the company. I understand and agree that no written EastRidge Health Systems policies or statements of policy shall ever be, or shall ever be intended to be, or shall not ever have the effect of creating a contract of employment between me and EastRidge Health Systems. I understand and agree that my employment relationship with EastRidge Health Systems will be at all times "at will."

In addition, I am granting EastRidge Health Systems the authority to conduct work and character reference inquiries, educational/licensure/certification, verifications and criminal background investigations as needed, except where indicated otherwise by me. I hereby expressly RELEASE EastRidge Health Systems and any employers identified in this application from any and all liability or claims whatsoever for the disclosure of information requested to EastRidge Health Systems. Further, if I am offered employment or if I am employed, I agree to participate in medical examinations as may be required.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

Signature: _____ Date: _____