

Nash Health Care Systems

...building a healthier community

2460 CURTIS ELLIS DRIVE
ROCKY MOUNT, NORTH CAROLINA 27804-2298
252-443-8015



Position for which you are applying:

Office Use Only:

PERSONAL

Last Name	First Name	Middle Initial	Home Phone	Alternate Phone
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Address	Street	City	State	Zip
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Social Security Number	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, what is your immigration status?	Proof Will be Required Upon Employment	Date Visa Expires
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Other names under which you have been previously employed:

Have you ever been employed by NHCS? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	Do you have any immediate family members working with Nash Health Care Systems? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who/relationship and where: _____		
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Have you ever been convicted of a felony within the last seven years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list dates, offenses, and dispositions: (Convictions are not an immediate disqualification from employment.)			
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EMPLOYMENT INTEREST

Date Available:	Salary Expected:	Full Time <input type="checkbox"/>	Days <input type="checkbox"/>	Nights <input type="checkbox"/>
		Part Time <input type="checkbox"/>	Evenings <input type="checkbox"/>	Other <input type="checkbox"/> _____
		Per Diem <input type="checkbox"/>		

Can you work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>	How were you referred to Nash Health Care Systems? <input type="checkbox"/> Classified Ad <input type="checkbox"/> Journal Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee <input type="checkbox"/> Career Fair <input type="checkbox"/> Other, Specify			
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EDUCATION, SKILLS, LICENSES

School or Institution	Name and Address of School	Major	Degree / Diploma and Dates Received

Have you ever served in U. S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch of Service	Any Specialized Training?
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Do you hold any professional license or certification? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type:	Date Received:	Number:	State(s):	Expiration Date:	Special Certification?	Has your license ever been suspended or put on probation? Yes <input type="checkbox"/> No <input type="checkbox"/>
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INDICATE YOUR EXPERIENCE:

<input type="checkbox"/> NURSING	<input type="checkbox"/> Telemetry	<input type="checkbox"/> Home Health	<input type="checkbox"/> Supervision	<input type="checkbox"/> CLERICAL	<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> GYN	<input type="checkbox"/> Med./Surg.	<input type="checkbox"/> Recovery Room	<input type="checkbox"/> IV Therapy	<input type="checkbox"/> Calculator	<input type="checkbox"/> Switchboard
<input type="checkbox"/> Emergency	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Education	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Computer or Word Processing
<input type="checkbox"/> Operating Room				<input type="checkbox"/> Medical Terms	
				<input type="checkbox"/> Typing _____ (WPM)	

Other skills or qualifications which would be of interest to Nash Health Care Systems:

EMPLOYMENT HISTORY

List current or most recent employer first. Use additional sheets if necessary to record all past employment.

May we contact your current employer for a reference Yes No

Company Name (Current or Last)	Address	Telephone	Dates Employed From: _____ To: _____
Job Title	Supervisor's Name/Title	Type of Business	Last or Current Rate:
Description of Duties:		Hours worked per week	Reason for Leaving:
Company Name (Current or Last)	Address	Telephone	Dates Employed From: _____ To: _____
Job Title	Supervisor's Name/Title	Type of Business	Last or Current Rate:
Description of Duties:		Hours worked per week	Reason for Leaving:
Company Name (Current or Last)	Address	Telephone	Dates Employed From: _____ To: _____
Job Title	Supervisor's Name/Title	Type of Business	Last or Current Rate:
Description of Duties:		Hours worked per week	Reason for Leaving:
Company Name (Current or Last)	Address	Telephone	Dates Employed From: _____ To: _____
Job Title	Supervisor's Name/Title	Type of Business	Last or Current Rate:
Description of Duties:		Hours worked per week	Reason for Leaving:

PERSONAL REFERENCES

List people who are qualified to evaluate your capabilities (Do not include relatives)	Telephone	Occupation	Years Known

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION:

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. In making application for employment, I understand that an investigative report may be made by a consumer reporting agency or Private Investigator to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of Nash Health Care System's current policies. I understand Nash Health Care Systems reserves the right to require its employees to submit to blood test or urinalysis for alcohol or drug screen, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of Nash Health Care Systems. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment. I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY NASH HEALTH CARE SYSTEMS MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR NASH HEALTH CARE SYSTEMS WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY THE CEO/PRESIDENT OF NASH HEALTH CARE SYSTEMS.

Date _____

Signature of Applicant _____