



Sampson Regional Medical Center
607 Beaman Street
P O Drawer 260
Clinton, North Carolina 28329-0260
Fax: 910-590-5309
Job Line: 910-590-8703
Website: www.sampsonrmc.org

An Equal Opportunity Employer

Name:

APPLICATION FOR EMPLOYMENT

APPLICATION INFORMATION: *(Please print)*

Date: _____ Social Security Number: _____ - _____ - _____

Name: _____
(Last) (First) (Middle) (Maiden)

Present Address: _____
(Street) (City) (State) (Zip)

Previous Address: _____
or Permanent (Street) (City) (State) (Zip)

Telephone: Home () _____ Work () _____

E-Mail Address: _____

Other phone number you can be reached () _____

HOW DID YOU HEAR ABOUT US? *(Please be specific)*

Newspaper: _____ Job Fair: _____ Journal: _____

Friend: _____ Employee: _____ Internet: _____

Other: _____

Have you ever worked for Sampson Regional Medical Center before? _____

When/Where? _____

Have you ever applied for another position at Sampson Regional Medical Center? _____

When? _____

POSITION DESIRED:

1ST Choice _____ 2ND Choice _____

(Full-time) _____ (Part-time) _____ (Supplemental) _____ (Temporary) _____

(Other) _____

Will you work weekends? _____ Will you rotate shifts? _____

Salary Requirement: _____ Available Start Date: _____

JOB SKILLS INVENTORY:

List any applicable skills or specialty areas (for example: computer skills, medical terminology, etc):

(Last)

(First)

(Middle)

(Maiden)

PROFESSIONAL REFERENCES: (Other than friends or relatives)

<u>NAME</u>	<u>TELEPHONE NUMBER</u>	<u>ADDRESS (street, city, state & zip)</u>	<u>OCCUPATION</u>

EDUCATION:

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5

<u>HIGH SCHOOL/COLLEGE/TRADE SCHOOL NAME AND ADDRESS</u>	<u>DEGREE</u>	<u>MAJOR</u>	<u>GRADUATE YES / NO</u>

CREDENTIALS: (To be completed by licensed/registered/certified applicants only)

Type _____ Date Received _____ License # _____

State _____ Date Expired _____ Renew # _____

Type _____ Date Received _____ License # _____

State _____ Date Expired _____ Renew # _____

Has your license ever been revoked, suspended or denied in any state? Yes _____ No _____

If yes, what state? _____ Explain _____

Are you currently under investigation? Yes _____ No _____

If yes, explain: _____

CITIZENSHIP:

Are you a U.S. Citizen? _____ Alien Reg. No. _____

Are you legally authorized to work in the United States? Yes _____ No _____

Visa Type _____ Visa No. _____ Expiration Date: _____

SECURITY: *Your response to any of these security questions will not automatically disqualify you from employment. However, if you answer "no" and a criminal history is found or if you answered "yes" but did not include all convictions you will be disqualified from consideration.*

Have you ever been convicted (pleaded guilty or been found guilty) of a criminal offense, misdemeanor or felony? List any and all convictions and provide dates of each (including, but not limited to, writing bad checks & DWI). Yes _____ No _____

*If yes, give dates and explain: _____

Presently, do you have any pending charges? Yes _____ No _____

*If yes, give dates and explain: _____

Have you ever had any adverse legal action imposed by Medicare, Medicaid or any other federal agency or program? Yes _____ No _____

*If you answered "yes" to the above question, please list all adverse legal actions imposed and include the date such action was imposed. _____

EMPLOYMENT HISTORY: Starting with your most recent position, list all positions and activities including self-volunteer work and all significant experience. If you need more space, please attach a separate sheet with the same format.

Employment			Street	City	State	Zip
Job Title			Supervisor Name	Telephone Number	No. Supervised By You	
Date Employed (Month/Day/Year)			Salary	Reason for Leaving		
Date Separated (Month/Day/Year)			Duties			
Full-Time	Years	Months				
Part-Time	Years	Months				
Hours per week worked						

Employment			Street	City	State	Zip
Job Title			Supervisor Name	Telephone Number	No. Supervised By You	
Date Employed (Month/Day/Year)			Salary	Reason for Leaving		
Date Separated (Month/Day/Year)			Duties			
Full-Time	Years	Months				
Part-Time	Years	Months				
Hours per week worked						

Employment			Street	City	State	Zip
Job Title			Supervisor Name	Telephone Number	No. Supervised By You	
Date Employed (Month/Day/Year)			Salary	Reason for Leaving		
Date Separated (Month/Day/Year)			Duties			
Full-Time	Years	Months				
Part-Time	Years	Months				
Hours per week worked						

Have you ever been dismissed or forced to resign from any job held? _____

If yes, please explain: _____

May we contact your present employer for a reference? Yes _____ No _____

PRE-EMPLOYMENT:

All offers of employment with Sampson Regional Medical Center are contingent upon the successful completion of pre-employment references, drug testing, a Criminal Background Investigation, and licensure & education verification (as applicable). During the reference checking process, a Criminal Background Investigation will also be conducted.

PROVIDE THE COUNTY AND STATE IF YOUR RESIDENCY IN N.C. IS LESS THAN FIVE (5) YEARS.

COUNTY	STATE
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

IN CASE OF EMERGENCY CONTACT: _____
(Name) *(Telephone Number)*

RELATIONSHIP TO YOU: _____

APPLICANT AGREEMENT:

I authorize Sampson Regional Medical Center to thoroughly investigate my previous work history, work record, educational and licensure credentials and conduct a Criminal Background Investigation. I will hold no person liable for giving or receiving information in this investigation.

I understand that all applicants must provide documents proving U.S. citizenship or eligibility to work legally in the U.S. within three days of employment.

Pursuant to an agreement reached by the Federal Government, Sampson Regional Medical Center may not employ any individual who has been suspended, excluded, debarred or is otherwise ineligible to participate in any federal reimbursement program.

If any information I have given in this application is determined to be false or if I have failed to give any information herein requested, I understand that I will no longer be considered for employment. In the event of employment by Sampson Regional Medical Center, falsification of any information on this employment application will be cause for immediate dismissal.

Signature: _____ Date: _____

(SEE ATTACHED CONSENT FORM, WHICH WILL ONLY BE USED IF EMPLOYED)

Sampson Regional Medical Center conducts its business with the highest possible degree of safety and efficiency. As part of the pre-employment process, the company requires all applicants for employment to undergo blood and/or urinalysis to determine the presence of drugs and/or alcohol. If the results of the test are positive, no offer of employment will be extended. In addition, all employees of Sampson Regional Medical Center are subject at any time to blood tests or urinalysis to determine the presence of drugs and/or alcohol.

In the event of a positive test, applicants have the right to have a second test of the same sample conducted by an approved laboratory at their expense.

(Applicant Name Printed)

(Applicant Signature)

(Date)

(SEE ATTACHED CONSENT FORM, WHICH WILL ONLY BE USED IF EMPLOYED)

CONSENT TO BLOOD TEST AND URINALYSIS

I agree that I will consent to and undergo a blood test and/or urinalysis for the presence of illegal drugs or alcohol as a prerequisite to my employment.

As a condition of my employment, I agree that at such time or times during my employment as Sampson Regional Medical Center shall require, I will consent to and undergo a blood test and/or urinalysis for the presence of illegal drugs or alcohol.

I further agree that at the time of any such tests, I will execute all forms of consent and release of liability as are usually and reasonably attendant to such tests.

Finally, I understand that the results of any such tests can be made available to Sampson Regional Medical Center, its employees, or agents on a need to know basis.

I further understand that in the event of a positive test result, I have the right under North Carolina General Statutes, to have a retest of the same urine sample at the same or another approved laboratory.

I understand that if I desire to have a retest conducted, I will be required to notify the company in writing within 90 days of the date of the urine sample collection date, specifying to which approved laboratory the sample is to be sent. I understand that I will be responsible for payment of all reasonable expenses for chain of custody procedures, shipping, and retesting of the positive sample.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING CONSENT FORM AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Employee (print name) _____ **Date** _____

Employee Signature _____

Witness's Signature _____ **Date** _____

I HEREBY REFUSE THE DRUG DETECTION URINE TEST.

Employee (print name) _____ **Date** _____

Employee Signature _____

Witness's Signature _____ **Date** _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information requested on this form is required for reporting purposes and will be maintained as a separate document from your application form. This information is confidential and will not be used in the hiring decision. Return this completed form along with your application to the Human Resources Department. Human Resources will remove this form prior to submitting your application for review.

Name: _____ Date: _____

Position applied for: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Sex: Male _____ Female _____

Please check one: White American Indian/Alaskan Native
 Black Asian/Pacific Islander
 Hispanic

HOW DID YOU HEAR ABOUT US? *(Please be specific)*

Newspaper: _____ Job Fair: _____ Journal: _____

Friend: _____ Employee: _____ Internet: _____

Other: _____

PLEASE RETURN WITH YOUR EMPLOYMENT APPLICATION

****Please take this with you****

Application Information

So that we can give your application every consideration, please read the following information carefully.

Requirement for consideration . . .

- ❑ A completed application is required to be considered for clerical or support positions.
- ❑ For hard to fill or management positions a resume will be accepted, however, a Completed application will be required upon interview.
- ❑ Please sign and date your application on the back.

Our review process . . .

- ❑ Applicants who most closely meet the requirements of a particular job will be contacted by telephone or letter for an interview. Normally you would be contacted within two weeks, however, you could be contacted anytime during the 90 days your application is active.
- ❑ We regret that all applicants will not be interviewed and that you will not be contacted regarding the status of your application unless you are scheduled for an interview.
- ❑ Your application will remain active for 90 days so you do not need to complete additional applications during that time period.

Pre-Employment Requirements . . .

- ❑ If you are selected as a top candidate, we will contact references, verify education, conduct criminal background checks, and request that you successfully pass a drug test.

Telephone Inquiries . . .

- ❑ Unfortunately due to the volume of applications received, we do not accept telephone inquiries regarding the status of applications.

Current Vacancies . . .

- ❑ Please review our Website at www.sampsonrmc.org to review the most current vacancies.

Your interest in joining our staff at Sampson Regional Medical Center is appreciated! Thank You!

We accept applications Monday through Friday 9:00 am – 4:30 pm