



**EDUCATION**

Type	Institute & Address	Did You Graduate?	Academic Major	Degree Received
High School				
College				
College				
Trade Or Technical				
Other				

**U.S. MILITARY**

Branch of U.S. Military Service: \_\_\_\_\_ Military Schools: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_

**REFERENCES**  
**GIVE A MINIMUM OF FOUR REFERENCES (PREFERABLY WORK RELATED)**  
**DO NOT USE RELATIVES**

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
	Street	
	City, State, Zip	
	Street	
	City, State, Zip	
	Street	
	City, State, Zip	
	Street	
	City, State, Zip	
	Street	
	City, State, Zip	

**EMPLOYMENT HISTORY**

**GIVE EMPLOYMENT RECORD – AS COMPLETELY AS POSSIBLE – STARTING WITH YOUR PRESENT OR LAST EMPLOYER**

Company Name	Telephone (       )
Street	Employed (State Month & Year) From:
City, State, Zip	To:
Your Supervisor's Name	Final Wages \$
Your Job Title	Reason for Leaving

Company Name	Telephone (       )
Street	Employed (State Month & Year) From:
City, State, Zip	To:
Your Supervisor's Name	Final Wages \$
Your Job Title	Reason for Leaving

Company Name	Telephone (       )
Street	Employed (State Month & Year) From:
City, State, Zip	To:
Your Supervisor's Name	Final Wages \$
Your Job Title	Reason for Leaving

Company Name	Telephone (       )
Street	Employed (State Month & Year) From:
City, State, Zip	To:
Your Supervisor's Name	Final Wages \$
Your Job Title	Reason for Leaving

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that the information I have given on this application is true and complete and understand that any false information, or the omission of information, may be considered as sufficient reason for my discharge if hired.

I understand that, if employed by WCA Hospital, it will be on a probationary basis. I also recognize that this is not an employment contract. **Employment will be at-the-will** of the company and can be terminated at any time.

I understand that, according to WCA Hospital's policy, I am required to undergo a drug screening test as a condition of employment. To comply with that requirement, I consent to providing a sample of my urine prior to employment and again at any time so requested. **Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for a legal substance will require proof of a current prescription.** I further consent to allow any doctor, hospital, or testing laboratory choosing to conduct a medical test or examination as may be required by the hospital as a condition of my employment, and I hereby give my permission to the release of all information which the hospital deems necessary to determine my abilities to perform job duties now and in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from the hospital. I also understand that failure to pass an alcohol or drug screening at any time during my employment may result in immediate discharge from the hospital.

I further understand WCA Hospital is "smoke free" within the hospital, and such, smoking is prohibited by patients, visitors, employees, and physicians throughout the interior premises of the hospital.

I hereby authorize WCA Hospital to investigate my employment records with former employers and to make any further investigations deemed necessary in connection with my application for employment. And I do hereby release WCA Hospital and all informants from all liability resulting from such investigations. I waive all rights to see or review the information so furnished.

The Human Resources Department, along with managers/supervisors, takes an applicant's total qualifications into consideration without regard to race, age, religion, sex, sexual orientation, marital status, veteran's status, national origin, color, creed, or handicap.

**May**  
**WCA Hospital** **contact my present employer**  
 **May Not**

Have you ever been convicted of a crime in this state or any other jurisdiction?  Yes  No If yes, please describe in full: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only				
Employee #	H=	PL=	Cost Center	Dept.
Starting Date			Shift	
Job Number			Wage	
Job Title			Orientation End Date	
			# Daily Hours	# Bi-Weekly Hours
Department Head Approval			Date	
Human Resources Approval			Date	