



Application for Employment

Please Print or Type:

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Read and answer all questions completely. Feel free to attach your resume; however, ALL SECTIONS MUST be completed.

Personal Data		Date: _____	
Name (Last, First, Middle)		Social Security Number: _____	
Address (Number & Street)	City, State, Zip Code:	Phone Numbers:	
Email Address:		Home: _____	
Position(s) applied for (please be specific):		Monthly Salary Desired:	Do You Prefer: Full-Time Part-Time Per-Diem Temporary
How were you referred to us?		Name of agency, newspaper, employee, etc.	
Are you free to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you free to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, geographical preference(s):	
Do you have the legal right to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If offered a position, the Immigration Reform & Control Act of 1986 requires you to furnish proof of your employment authorization and your identity before you can begin work.			

Education

Name(s) used on school records (if different from above): _____

Schools	Name & Address of School	Dates Attended		Degree or Highest Grade Completed	Major
		From Month/Year	To Month/Year		
High School					
College(s)					
Graduate School					
Technical, Business or Other					

Now attending:

(circle one) Undergraduate School Graduate School % Completed _____

Special Qualifications

List any job-related organizations of which you are a member:

List all medical equipment you have experience operating (i.e., ventilator):

What computer experience do you have?

Professional and/or Personal Development courses (i.e., CPR, ACLS):

Special Qualifications: (any additional strengths or skills that you feel would be an asset to Oklahoma Spine Hospital)

Employment History

Dates of Employment (Month, Year): From: _____ To: _____	Position	Monthly Salary / Hourly Rate:
Firm Name:	Type of Business:	
Address (Number & Street):	City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):	Name & Title of immediate supervisor:	
Responsibilities:		
Reason for leaving:		
If still employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dates of Employment (Month, Year): From: _____ To: _____	Position	Monthly Salary / Hourly Rate:
Firm Name:	Type of Business:	
Address (Number & Street):	City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):	Name & Title of immediate supervisor:	
Responsibilities:		
Reason for leaving:		

Dates of Employment (Month, Year): From: _____ To: _____	Position	Monthly Salary / Hourly Rate:
Firm Name:	Type of Business:	
Address (Number & Street):	City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):	Name & Title of immediate supervisor:	
Responsibilities:		
Reason for leaving:		

Dates of Employment (Month, Year): From: _____ To: _____	Position	Monthly Salary / Hourly Rate:
Firm Name:	Type of Business:	
Address (Number & Street):	City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):	Name & Title of immediate supervisor:	
Responsibilities:		
Reason for leaving:		

References

Name:		Title:
Company:		
Address (Number & Street):	City, State, Zip Code:	Phone Number:
Name:		Title:
Company:		
Address (Number & Street):	City, State, Zip Code:	Phone Number:
Name:		Title:
Company:		
Address (Number & Street):	City, State, Zip Code:	Phone Number:
Name:		Title:
Company:		
Address (Number & Street):	City, State, Zip Code:	Phone Number:

Additional Personal Data *PLEASE READ CAREFULLY AND ANSWER THE FOLLOWING QUESTIONS.

Are you able to perform the essential function of the job for which you have applied with or without reasonable accomodation?

If no, please explain. _____

Oklahoma Spine Hospital does an initial background check on new hires. Additionally, OIG (Office of Inspector General) and SAM (System for Award Mgmt.) searches are done upon hire and throughout employment at Oklahoma Spine Hospital. Please read and answer the questions below.

Yes No **Have you ever had a Disciplinary Action with the Board of Nursing, or any licensing entity?**

Have you ever pled guilty, pled nolo contendere or been found guilty of a crime? (Please list all felonies and misdemeanors, including DUI's, DWI's and drug crimes, but exclude minor traffic tickets such as speeding) *

Yes No **If yes, please describe:** _____

*** A "Yes" answer will not automatically disqualify an applicant from being considered as a candidate for employment; the nature and date of the crime and relation to specific job requirements will be considered.**

If you are under 18, do you have a work permit? Yes No

Please Read Carefully

I certify that the statements indicated herein are true and correct to the best of my knowledge and I understand that falsification or omission of any information could result in termination of my employment.

I also understand that any offer of employment may be contingent upon a satisfactory credit and criminal record. I understand that Oklahoma Spine Hospital requires the satisfactory completion of a drug screen as a condition of employment. By submitting this application for employment, I hereby consent to the drug screen.

This Application for Employment is not a contract and cannot create a contract. If employed by Oklahoma Spine Hospital, I agree to abide by its rules and regulations. I understand that my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice.

This understanding supersedes all prior agreements and representations, and any subsequent understanding which affects this arrangement must be in writing and signed by the Chief Administrative Officer of Oklahoma Spine Hospital.

Signature

Date

Educational Release Authorization

NOTE: This Release Authorization must include all institutions which you have attended after high school.

I hereby authorize the following institutions to release to Oklahoma Spine Hospital verification of my attendance at:

School:	City	State	Graduation Date (if applicable)
Degree/Major:			I attended under the name of:
School:	City	State	Graduation Date (if applicable)
Degree/Major:			I attended under the name of:
Signature:			Date:
Social Security Number:			

Authorization

I authorize Oklahoma Spine Hospital to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, has my permission to contact persons who may have information relating to my suitability for employment.

I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request to compile information, and to furnish any information obtained as a result of such inquiries.

I further authorize Oklahoma Spine Hospital in its sole discretion, to furnish copies of this authorization and my application to any person(s) in connection with the above purposes.

Disclosure Statement

Information contained in reports obtained by Oklahoma Spine Hospital in accordance with the above authorization may include information pertaining to my character, general reputation, police records, and personal characteristics. I have the right to request that Oklahoma Spine Hospital completely and accurately disclose to me the nature and scope of all investigations requested. Such a request must be made in writing to the human resources department within a reasonable period of time after my application for employment is received.

I hereby acknowledge that I have read the above and have understood it.

Signature

Social Security Number

Date