



**CUMBERLAND  
COUNTY  
HOSPITAL**

P. O. Box 280 • 299 Glasgow Rd. • Burkesville, KY 42717 • 270-864-2511

Attn: Human Resources

**Application For Employment**

Name — Last	First	Middle	Social Security No.	This Date
Address — Street			Telephone No.	
City	State	Zip		

Position(s) Desired \_\_\_\_\_

Training For  
The Position Or Positions  
(Formal education shown on other side of form)

Other Specialized  
Training or Experience  
(Not Necessary for this Job)

Where Now Employed	Reason For Desiring Change
--------------------------	----------------------------------

Why Do You  
Choose  
Hospital Work

What Prompted You To  
Apply Here for Employment?

Are You Related  
To Anyone In Our Employ?  
Who and How?

Professional License Number	Type	State
-----------------------------------	------	-------

Hobbies \_\_\_\_\_

<b>In Case Of Emergency Notify</b>	Name _____	Relationship _____
	Address _____	Telephone _____

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the pre-employment physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that my employment is at will, and either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Date \_\_\_\_\_

Signed \_\_\_\_\_

**EDUCATION**

Name and Location of Schools or Colleges	Major Subject	Did You Graduate?	College Degree	Period of Attendance	
				From	To

**FORMER EMPLOYERS AND EXPERIENCE (References)**

Name and Address	Phone	Nature of Experience	Period		Cash Salary	Reason for Leaving
			From	To		

**PERSONAL REFERENCES (Not Relatives)**

Name	Address	Phone	Relationship

**(APPLICANT PLEASE DO NOT WRITE IN SPACE BELOW)**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

Date to Start Work \_\_\_\_\_ 20 \_\_\_\_\_ Department \_\_\_\_\_

Position \_\_\_\_\_

Remarks \_\_\_\_\_

**COMPENSATION —**

I, the applicant, understand my compensation will be as follows:

	Month	Week	Hour
Cash	_____	_____	\$ _____
Other Compensation at taxable value —			
Room	_____	_____	\$ _____
Meals a Day	_____	Days a Week _____	\$ _____
Laundry	_____	_____	\$ _____
			\$ _____
<b>TOTAL</b>			\$ _____

Position Temporary? \_\_\_\_\_

Approved by \_\_\_\_\_ Title \_\_\_\_\_

**RELEASE INTERVIEW**

	RESIGNED	RELEASED	ON LEAVE	CIRCLE RATING				
Ability as _____				Excellent	Good	Average	Fair	Poor
Ability to work in a group _____				Excellent	Good	Average	Fair	Poor
Cooperation with others _____				Excellent	Good	Average	Fair	Poor
Intelligence; ability to grasp ideas _____				Excellent	Good	Average	Fair	Poor
Personality _____				Excellent	Good	Average	Fair	Poor
Initiative; Leadership _____				Excellent	Good	Average	Fair	Poor
Stability; Dependability; Punctuality _____				Excellent	Good	Average	Fair	Poor
Character' Integrity; Honesty _____				Excellent	Good	Average	Fair	Poor
Personal Appearance _____				Excellent	Good	Average	Fair	Poor

Personal Handicaps \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_ REMARKS \_\_\_\_\_