

EDUCATION

Type of School	Name & Location of School	Course of Study	Circle Last Year Completed	Credits or Diploma/Certificate
HIGH			1 2	
			3 4	
COLLEGE			1 2	
			3 4	
OTHER			1 2 3 4	

SKILLS

I POSSESS A HIGH SCHOOL DIPLOMA OR GED YES NO
 IF GED, PLEASE GIVE NAME AND LOCATION OF PROGRAM _____

Personal Computer Word Processor LIST OF SOFTWARE FAMILIAR TO YOU:
 Typewriter (WPM) Data Base _____
 Dictation Equipment _____

EMPLOYMENT HISTORY

Complete all present and past employment, beginning with your most recent

I Name of Company/Institution	Position(s) Held	Salary	From		To		Reason for Leaving
			Mo.	Yr.	Mo.	Yr.	
Address		\$					
		Per					
Telephone	Supervisor						
Type of Business							
Briefly summarize experience gained, including special training you received							
II Name of Company/Institution	Position(s) Held	Salary	From		To		Reason for Leaving
			Mo.	Yr.	Mo.	Yr.	
Address		\$					
		Per					
Telephone	Supervisor						
Type of Business							
Briefly summarize experience gained, including special training you received							
III Name of Company/Institution	Position(s) Held	Salary	From		To		Reason for Leaving
			Mo.	Yr.	Mo.	Yr.	
Address		\$					
		Per					
Telephone	Supervisor						
Type of Business							
Briefly summarize experience gained, including special training you received							

May we communicate with your present employer? Yes No
 Please check employers we may contact: I II III **Signature** _____

PERSONAL REFERENCE (Do not list past or present employers or relatives)

NAME & OCCUPATION	ADDRESS	PHONE

Please list relatives currently employed at UHC and their relationship to you:

Did you work under a different last name at any of your past employers? Yes No

If yes, please list names: _____

In the past, what job have you enjoyed the most?

In the past, what job have you disliked the most?

Is there anything else you want UHC to know when we consider your employment application?

AUTHORIZATION AND RELEASE

I authorize investigation of all statements contained in this application. I certify that all of my answers and statements are complete and true. I hereby authorize my former employers to furnish their records of my service, my reason for leaving their employ, together with all information they may have concerning me. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or for separation from United Hospital Center, if I have been employed, and, that employment is subject to satisfactory examination by a physician designated by United Hospital Center. I voluntarily release from all liability or responsibility United Hospital Center and agents, all persons or other entities supplying information pursuant to this release. I understand that this employment application and any other company document are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by this employer at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I further understand that any employment or offer of employment at United Hospital Center will be contingent upon the successful completion of an investigation into my background by United Hospital Center, including a drug and alcohol screen, criminal background check and other such investigation as may be required by United Hospital Center to United Hospital Center's satisfaction and by said offer of employment may be terminated or withdrawn at the option of United Hospital Center should it in its sole discretion determine that any aspect of its investigation warrant such action on its part.

Signature Date

FOR OFFICE USE ONLY

Application filed under _____

Application reviewed by:

MANAGER

DATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____