APPLICATION FOR EMPLOYMENT

GAYLORD HOSPITAL
The Best Place To Begin Again.

Human Resources Department
P.O. Box 400, Gaylord Farm Road
Wallingford, CT 06492

Thank you for considering Gaylord Hospital as a prospective employer. As an equal opportunity employer, Gaylord Hospital recruits and selects candidates for employment based solely on job-related requirements. Employment decisions are not made on the basis of race, sex, religion, sexual preference, national origin, disability, ancestry, marital, or veteran status.
Gaylord Hospital is a drug-free workplace and the use of illegal drugs is prohibited during employment. All job applicants who have been extended a conditional employment offer by Gaylord Hospital are required to submit to a drug screening, which will be conducted in accordance with applicable laws and only those individuals deemed necessary will have access to test results. Applicants who receive a negative result will be eligible for further employment consideration. Applicants who receive a confirmed positive result will be disqualified from further consideration.

PLEASE COMPLETE EVERY SECTION. PLEASE PRINT CLEARLY AND USE INK. Note N/A if section is not applicable to you.

NAME (Last, First, Middle)		**DATE**
CURRENT ADDRESS (Street, City, State, Zip Code – Please do not use P.O. Box)		
PREVIOUS ADDRESS (If current is less than 2 years)		**SOCIAL SECURITY NUMBER**
HOME PHONE ( )	**OTHER PHONE WHERE WE MAY CALL YOU** ( )	**E-MAIL ADDRESS**

POSITION(S) DESIRED

AREA(S) OF EXPERIENCE

NURSING APPLICANTS: Please number your area(s) of interest in order of preference (1 = most preferred).
_____ Spinal Cord Injury _____ Brain Injury _____ Stroke _____ Neuro/Ortho _____ Medical/Pulmonary

SALARY RANGE DESIRED	**WHEN ARE YOU AVAILABLE TO START WORK?**

HOURS, SHIFTS, AND DAYS YOU ARE AVAILABLE AND WILLING TO WORK. (Please check **all** that apply)

☐ Full Time ☐ Part Time ☐ Temporary ☐ Per Diem ☐ Weekends Only
☐ Day ☐ Evening ☐ Night
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
☐ Seasonal _____ ☐ Other _____

REFERRAL SOURCE: ☐ Walk-in ☐ Gaylord Website ☐ Other Internet _____ (Please Specify)
☐ Referral _____ (Name) ☐ Job Fair _____ (Please Specify)
☐ Newspaper/Publication _____ (Please Specify) ☐ Other _____ (Please Specify)

HAVE YOU EVER APPLIED FOR A POSITION AT GAYLORD HOSPITAL BEFORE? ☐ **YES** ☐ **NO**

HAVE YOU EVER WORKED FOR GAYLORD BEFORE? ☐ **YES** ☐ **NO**	**IF YES, date you left.**
HAVE YOU EVER WORKED UNDER ANOTHER NAME? ☐ **YES** ☐ **NO**	**IF YES, under what name?**
HAVE YOU ANY FRIENDS OR RELATIVES EMPLOYED AT GAYLORD? ☐ **YES** ☐ **NO**	**IF YES, give name and relationship.**

MILITARY SERVICE: BRANCH _____ **DATES: From** _____ **To** _____

ARE YOU CURRENTLY IN THE RESERVES? ☐ **NO** ☐ **YES POSITION/TRAINING** _____

IF YOU ARE NOT A UNITED STATES CITIZEN, ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? ☐ **YES** ☐ **NO**	**IF YES, is there a time limit on this authorization? Explain.**

HAVE YOU, SINCE THE AGE OF 18, EVER BEEN CONVICTED OF A FELONY? ☐ **YES** ☐ **NO** **Note:** You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to these statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have bee erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath. A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merit with respect to time, circumstances, and seriousness.

IF YES, explain – give dates.

HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM A JOB? ☐ **YES** ☐ **NO**

IF YES, explain – give dates.

EDUCATION	Name and Address of School	Major Area of Study	Graduate? (Yes/No or expected graduation date)	Degree
High School				
Undergraduate/College				
Graduate/Professional				
Other				

SKILLS AND QUALIFICATIONS

Please indicate any of the following that apply to you. Where applicable, provide the software used.

PC Operating System(s) _____

Word Processing _____

Spreadsheets _____

Databases _____

Graphics _____

Typing _____ WPM _____

Machine Transcription _____

Medical Terminology _____

Switchboard _____

Multi-line Telephone _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

TYPE OF LICENSE	LICENSE NO.	ISSUING STATE	DATE ISSUED	EXPIRE DATE	(HR use only) Verified

EMPLOYMENT HISTORY – Please complete even if application is accompanied by a resume. Please give a complete record of employment, starting with your present or most recent job. Be sure to include any military service or volunteer experience. Include explanations for any gaps in employment.

May we contact any current employers for references? ☐ **Yes** ☐ **No** **If No, Please explain:**

Current Employer's Name:		
Address **(**Street, City, State, Zip**):**		
Phone Number: ( )	Type of Business:	
Dates Employed (Month & Year): From: / To: /	Supervisor (Name and Title):	
Starting Job Title: Current or Last Job Title:	Salary: Salary:	☐ Full Time ☐ Part Time ☐ Per Diem ☐ Temporary
Duties/Responsibilities:		
Reason For Leaving Or Desire To Leave:		

Employer's Name:		
Address **(**Street, City, State, Zip**):**		
Phone Number: ( )	Type of Business:	
Dates Employed (Month & Year): From: / To: /	Supervisor (Name and Title):	
Starting Job Title: Current or Last Job Title:	Salary: Salary:	☐ Full Time ☐ Part Time ☐ Per Diem ☐ Temporary
Duties/Responsibilities:		
Reason For Leaving:		

Employer's Name:		
Address **(**Street, City, State, Zip**):**		
Phone Number:( )	Type of Business:	
Dates Employed (Month & Year): From: / To: /	Supervisor (Name and Title):	
Starting Job Title: Current or Last Job Title:	Salary: Salary:	☐ Full Time ☐ Part Time ☐ Per Diem ☐ Temporary
Duties/Responsibilities:		
Reason For Leaving:		

Employer's Name:		
Address (Street, City, State, Zip):		
Phone Number: ( )	Type of Business:	
Dates Employed (Month & Year): From: / To: /	Supervisor (Name and Title):	
Starting Job Title: Current or Last Job Title:	Salary: Salary:	☐ Full Time ☐ Part Time ☐ Per Diem ☐ Temporary
Duties/Responsibilities:		
Reason For Leaving:		

Employer's Name:			
Address **(**Street, City, State, Zip**):**			
Phone Number: ( )	Type of Business:		
Dates Employed (Month & Year): From: / To: /	Supervisor (Name and Title):		
Starting Job Title: Current or Last Job Title:		Salary: Salary:	☐ Full Time ☐ Part Time ☐ Per Diem ☐ Temporary
Duties/Responsibilities:			
Reason For Leaving:			

PROFESSIONAL REFERENCES - Please provide the names of persons, other than those supervisors already referenced in the Employment History section, who may be contacted to verify your qualifications for a position (managers, supervisors, teachers, work colleagues, etc.). Please do not include relatives or personal acquaintances.

Name	Phone ( )
Occupation	Company
Name	Phone ( )
Occupation	Company
Name	Phone ( )
Occupation	Company

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given by me on this application and in the employment process are true and correct, without falsification or omission of any kind. I understand that if I have provided any false information, misrepresentations, or omitted any pertinent facts on this application, regardless of time of discovery, it may result in my immediate dismissal or removal from employment consideration.

If hired, I understand that this employment is at will and may be terminated by the Hospital or myself at any time without prior notice. I also realize that this application does not constitute an agreement or contract for employment, does not imply employment for any specified amount of time, nor can any supervisor or representative authorize or make assurances to the contrary.

It is the policy of Gaylord Hospital to provide a safe and healthy working environment for all employees. Gaylord Hospital is a drug-free workplace and the use of illegal drugs is prohibited during employment. I understand that all job applicants who have been extended a conditional employment offer by Gaylord Hospital are required to submit to a drug screening. In addition, I understand that the drug screening will be conducted in accordance with applicable laws and only those individuals deemed necessary will have access to test results. If a negative result is obtained, I will be eligible for further employment consideration. A positive result will be confirmed and disqualify me from further consideration.

I hereby authorize, without reservation, Gaylord Hospital, its representatives, employees, or agents to contact and obtain information from all persons, educational institutions, prior employers, companies, corporations, credit bureaus, and local, state, and federal law enforcement agencies concerning, but not limited to, my credit, character, general reputation, conviction record (if any), drug history, educational record, performance, work habits, and reason for termination(s). I authorize these persons to release any information they may have about me to Gaylord Hospital and I further release all parties involved from liability and responsibility for doing so.

In the event of my employment by Gaylord Hospital, I will comply with all rules and regulations as set forth in Gaylord's Policy Manual or communications distributed to all employees.

I have read, understand, and agree to the foregoing and that, to the best of my knowledge and belief, the information on this application is true, correct, and complete.

SIGNATURE: _____ **DATE:** _____

I hereby authorize **INFORMATION MANAGEMENT SYSTEMS, INC.** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment/tenancy purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, verification of social security number, current and previous residences, employment history, records from any criminal justice agency in any or all federal/state/county jurisdictions, birth records, motor vehicle records to include traffic citations and registration, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to **INFORMATION MANAGEMENT SYSTEMS, INC.** and its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **INFORMATION MANAGEMENT SYSTEMS, INC.**, the Social Security Administration and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I understand that only information pertinent to the position(s) I am applying for will be researched and that I have the right to revoke this authorization at any time, provided I do so in writing. You may contact me as indicated below.

PRINT NAME: _____
(First) (Middle) (Last)

FORMER NAME(S) AND DATES USED: _____

_____

CURRENT ADDRESS: _____
(Street) (City) (State) (Zip Code)

AT ABOVE ADDRESS SINCE: _____
(Mo/Yr)

If at current address less than 2 years:

PREVIOUS ADDRESS: _____
(Street) (City) (State) (Zip Code)

DATES AT ABOVE ADDRESS: From _____ **to** _____
(Mo/Yr) (Mo/Yr)

SOCIAL SECURITY NUMBER: _____

TELEPHONE NUMBER: (_____)_____
Area Code

DRIVERS LICENSE NUMBER/STATE: _____ / _____

SIGNATURE: _____ **DATE:** _____

PLEASE COMPLETE THE ENTIRE FORM AND RETURN IT WITH YOUR APPLICATION.

For HR use only.	☐ Social Security # trace	☐ Criminal Record	☐ Credit	☐ Driving Record
	☐ Employment	☐ Workers Comp	☐ Education	☐ References

Cust. ID #20010730