



Mountain Comprehensive Health Corporation

Application for Employment
"An Equal Opportunity Employer"

Please Return Completed Application to:

Mountain Comprehensive Health Corporation
226 Medical Plaza Lane
P.O. Box 40
Whitesburg, KY 41858

FOR OFFICE USE ONLY

APPLICATIONS WILL BE KEPT ON FILE FOR A PERIOD OF SIX MONTHS

MOUNTAIN COMPREHENSIVE HEALTH CORPORATION

Application for Employment

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL

Name _____
Last
First
Middle

Type of Work Desired _____

Phone Number _____ Cell Phone: _____ Social Security # _____

Present Address _____
Street
City
State
Zip
County

If Under 18, Please Provide Date of Birth

Are you eligible to work in the United States?

Yes _____ No _____

_____ Month Day Year **Email Address:** _____

MILITARY

Have you ever served in the Military Service of the United States? _____

Date of Induction	Branch	Rank		Type of Duty
		Induction	Discharge	

EDUCATION

****Please take note that education will be only be viewed if the requested position requires a certain level of academic completion.**

Schools	Name/Address	Graduated	Dates	Degree	Subject/Specialty
Elementary					
High School					
College					
College					
Trade					

MISCELLANEOUS

Minimum salary or wage expected per hour or per year _____

If employed, Does your employer know of your intention to change employment? _____

Date available for employment _____ May we contact your current employer? _____

Where did you hear of this job opening? _____

List Honors, Awards, Extracurricular Activities _____

Are there any other experiences, skills or qualifications which you feel would especially make you suited for work with MCHC? _____

EMPLOYMENT

Name & Address of Company	Date Employed	Detail of Work Performed	Rate of Pay	Type of Business	Reason for Leaving	Supervisor Name
	to					

Name & Address of Company	Date Employed	Detail of Work Performed	Rate of Pay	Type of Business	Reason for Leaving	Supervisor Name
	to					

Name & Address of Company	Date Employed	Detail of Work Performed	Rate of Pay	Type of Business	Reason for Leaving	Supervisor Name
	to					

EXPERIENCE

**Please answer all of the following questions.

Are you currently employed?

Yes _____ No _____

Will you be able to work on a regular basis
and/or report to work on time?

Yes _____ No _____

Have you ever been fired or
asked to resign from a job?

Yes _____ No _____

Do you have dependable form or method
of transportation?

Yes _____ No _____

REFERENCES

**Give the names of three persons to whom you are not related and by whom you have not been employed. These people should have known you for several years.

Name	Address & Phone	Business	Number of Years Known

CERTIFICATION

Type	State	Date Received	Last Renewed	Number	Exam/Reciprocity

BACKGROUND INFORMATION

Please note the questions listed under the heading "Background Information" are **OPTIONAL, however upon hiring all new employees are required to have a criminal background check done at the expense of the employer.

Have you ever been convicted of a criminal offense? Yes _____ No _____

If your answer is "yes" give complete details below.

Place	Date	Nature of Charge	Disposition

ADDITIONAL INFORMATION

**Please provide any additional information that you feel is pertinent to this application.

CONTACT INFORMATION

Please list the name, address and telephone number of a person through whom you can always be reached:

Email address:

AUTHORIZATION

**Please read the information below and sign as acknowledgement.

I authorize investigation of all matters contained in this application and agree that if in the judgment of the Company, any misrepresentation has been made by me herein or the results of such investigation are not satisfactory, any offer of employment made by the Company may be withdrawn. I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in nature of conduct. I agree and understand that if I am hired by the Company, my employment will be "at-will", for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of the Company.

Printed Name of Applicant

Signature of Applicant

Date of Application