



**Mountain Comprehensive Health Corporation**

**Application For Employment**

**"An Equal Opportunity Employer"**

*Please Return Completed Application to:*

**Mountain Comprehensive Health Corporation  
226 Medical Plaza Lane  
PO Box 40  
Whitesburg, Kentucky 41858**

FOR OFFICE USE ONLY

APPLICATIONS WILL BE KEPT ON FILE FOR A PERIOD OF ONE YEAR

# 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 our qualifications and may assist us in possible future upgrading.

### PERSONAL

Name \_\_\_\_\_  
Last First Middle

Type of Work Desired \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip County

If Under 18, Please Provide Date of Birth \_\_\_\_\_  
Mo. Day Year

### 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 only be viewed if the requested position requires a certain level of academic completion.

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

**MISCELLANEOUS**

Minimum Salary or Wage Expected \_\_\_\_\_ Per Hour/Per Year

If Employed, Does Your Employer Know of Your Intention to Change Employment? \_\_\_\_\_

Date Available for Employment \_\_\_\_\_ May We Contact Your Employer \_\_\_\_\_

Where Did You Hear of This Job Opening? \_\_\_\_\_

List Honors, Awards, Extracurricular Activities, Etc. \_\_\_\_\_

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

**EMPLOYMENT**

\*\* Give past employment record as completely as possible, starting with your present or latest employer. Include summer employment. (If space is insufficient, list on next page or attach resume.) For any unemployed or self-employed periods, show dates and locations. Do not leave any gaps. This section must be completed even if you submit a resume.

Name & Address Of Company	Dates Employed	Detail of Work Performed	Rate of Pay	Type of Business	Reason For Leave	Supervisor Name
	to					

Name & Address Of Company	Dates Employed	Detail of Work Performed	Rate of Pay	Type of Business	Reason For Leave	Supervisor Name
	to					

Name & Address Of Company	Dates Employed	Detail of Work Performed	Rate of Pay	Type of Business	Reason For Leave	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 a 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

## BACKGROUND INFORMATION

\*\* Please note that 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

## CERTIFICATION

Type	State	Date Received	Last Renewal	Number	Exam/Reciprocity

