



**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

<b>FOR OFFICE USE ONLY</b>

**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.

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**CONTACT INFORMATION**

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

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**Email address:**

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**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.

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Printed Name of Applicant

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Signature of Applicant

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Date of Application