



Previous Experience

Start with present (or most recent) job first. It is important that you complete as much information as possible so that we may evaluate your qualifications for employment completely. References will be obtained prior to employment and verification of information may be confirmed.

Employer's Name:	From: To:	Job title:
Address:	Wage:	Duties:
Kind of Business:	Full-Time Part-Time	
Supervisor's Name:	Contact number:	Reason for leaving:
Employer's Name:	From: To:	Job title:
Address:	Wage:	Duties:
Kind of Business:	Full-Time Part-Time	
Supervisor's Name:	Contact number:	Reason for leaving:
Employer's Name:	From: To:	Job title:
Address:	Wage:	Duties:
Kind of Business:	Full-Time Part-Time	
Supervisor's Name:	Contact number:	Reason for leaving:
Employer's Name:	From: To:	Job title:
Address:	Wage:	Duties:
Kind of Business:	Full-Time Part-Time	
Supervisor's Name:	Contact number:	Reason for leaving:

May we contact any of the above employers? Yes No

If no, which employers? _____

Please explain any employment gaps of 60 days or more: _____



Education (highest year of education completed): _____ or GED

Education					
	Name of School	Location	Graduated		Degree / Major / License Obtained
			Yes	No	
High School					
College / University					
Tech School					
College / University					

List any training, skills, or abilities which may be relevant to your employment: _____

References

List at least two persons, other than relatives or friends, who have knowledge of your work experience and/or education.

Name	Mailing Address	Phone

Affidavit and Signature of Applicant

By my signature, I certify that all answers given on this application are true and complete to the best of my knowledge. I understand that false statements may be cause for rejection of this application or dismissal if employed, regardless of how long I have been employed with Southern Coos Hospital & Health Center.

As a part of my application for employment at Southern Coos Hospital & Health Center, I hereby consent to and authorize the release of any and all information to Southern Coos Hospital & Health Center, which may be considered in evaluating my qualifications for employment. I, therefore, release all parties and persons connected with any request for information from all claims, liability, and/or damages for whatever reasons arising out of furnishing such information.

I acknowledge my understanding that any job offer from Southern Coos Hospital & Health Center is contingent upon an acceptable drug screen test and criminal background check.

Signature of Applicant: _____ Date: _____



**Addendum to Employment Application – Southern Coos
Hospital & Health Center**

Position applied for: _____

Name (print): _____

Southern Coos Hospital & Health Center considers all applicants for employment without regard to race, religion, color, sex, age, national origin, physical or mental disability, marital or familial status, or membership in any other group protected by law in accordance with applicable federal, state, and local laws. In addition, Southern Coos Hospital & Health Center complies with applicable state and local laws prohibiting discrimination in employment and provides reasonable accommodation to individuals with a disability in accordance with applicable laws.

Veteran’s Preference:

Have you served on active duty in the U.S. Armed Services? Yes No

Have you been honorably discharged or released under honorable conditions? Yes No

Dates of Service: _____ to _____

Dates of combat service: _____ to _____

Have you received a combat or campaign ribbon or expeditionary medal for service in the Armed Forces and were discharged or released from active duty under honorable conditions? Yes No

Are you receiving a non-service connected pension from the Department of Veterans’ Affairs?
Yes No

Do you have a disability rating from the Department of Veterans’ Affairs or have been awarded the Purple Heart?
Yes No

List the duties in the Service, including special training that supply transferable skills required for the position which you have applied for. _____

Date: _____ Signature: _____

RETURN THIS COMPLETED AND SIGNED FORM TO:

Southern Coos Hospital & Health Center
ATTN: Human Resources
900 11th St., SE
Bandon, OR 97411
F: 541-347-7027
hrsupport@southerncoos.org