





## 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.

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

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					
College / University					
Nursing / Tech School					

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

**Professional 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've been employed with the District.*

*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: \_\_\_\_\_  
 (Electronic Signatures accepted)



## Addendum to Employment Application – Southern Coos Health District

Position applied for: \_\_\_\_\_

Name (print): \_\_\_\_\_

The Southern Coos Health District 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, the Southern Coos Health District 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.

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_