APPLICATION FOR EMPLOYMENT

Please read carefully – Write Clearly – Answer All Questions
Macon Community Hospital Complies With:
Federal and State Laws that Prohibit Discrimination In Employment Because of Race, Color, Creed, Age, Sex, Marital Status, National Origin, Physical Handicap, Medical Condition, Sexual Orientation or Genetic Information.

Macon Community Hospital
204 Medical Drive
Lafayette, Tennessee 37083
(615) 666-2147

<table>
<tr><th colspan="3">NAME AND LOCATION</th></tr>
<tr><td colspan="2">(Last Name) (First Name) (Middle Initial)</td><td>Application Date:</td></tr>
<tr><td colspan="2">Current Address (Number and Street)</td><td>Telephone Number:</td></tr>
<tr><td colspan="3">City, State and Zip</td></tr>
<tr><th colspan="3">EMPLOYMENT DESIRED</th></tr>
<tr><td>First Choice:</td><td colspan="2">Second Choice:</td></tr>
<tr><td>Have You Worked For Us Before?
□ Yes □ No If yes, when:</td><td>Will You Accept Part-Time Work?
Yes □ No □</td><td>Will You Accept Temporary Work?
Yes □ No □</td></tr>
<tr><td>Have You Worked For Us Before Under Another Name?
□ Yes □ No If yes, name:</td><td colspan="2">Shift or Hours You Can Work
First Shift □ Second Shift □ Third Shift □</td></tr>
<tr><th>CITIZENSHIP</th><th>U.S. MILITARY SERVICE</th><th>STATEMENT OF HEALTH</th></tr>
<tr><td>Are you either a United States Citizen or an Alien who has the legal right to work in the position for which you are applying? Yes □ No □

Pursuant to the Immigration Reform and Control Act of 1986, All Applicants, upon being made an offer of employment, must produce documents, which are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after commencement of employment. You will also be required to sign Form I-9 (which is issued by the Federal Government).</td><td>Have You Served in the U.S. Military?
Yes □ No □

Please list job-related Skills or Experience:</td><td>Can You Perform the Essential Functions of the Position for Which You Are Applying Safely?
Yes □ No □, if No, explain:

Are You Willing to Take A Required Pre-Employment Drug Screen?
Yes □ No □, if No, explain:

Are You Willing to Take A Required Pre-Employment Physical?
Yes □ No □, if No, explain:</td></tr>
<tr><th colspan="3">PERSONAL</th></tr>
<tr><td>Have you ever been excluded from or sanctioned by the Medicare Program?
Yes □ No □, if Yes, explain:

Have you since the age of 18, ever been convicted of a felony?
Yes □ No □, if Yes, explain</td><td>Have you ever been discharged from a job?
Yes □ No □, if Yes, explain:

May we contact your current employer Yes □ No □</td><td>All Applicants are required to have a background check completed prior to commencement of employment.

Do you object to a background check?
Yes □ No □, if Yes, explain</td></tr>
</table>

EDUCATION			
Names	**Academic Major**	**Number of Years Attended**	**Diploma/Degree?**
High School:			
College, University, Technical School:			
College, University, Technical School:			

Other Details or Experience or Training which will have a direct bearing on the position for which you are seeking?

REFERENCES – Please give the names of persons we may contact to verify your qualifications

Name:	Telephone Number:
Name:	Telephone Number:
Name:	Telephone Number:

Dates of Employment				Please Give A Complete Record of All Employment and Reasons Unemployed During Past Ten Years Start with Most Recent Employment ALL INFORMATION MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT	
From		To			
Month	Year	Month	Year		
				Employer Name:	Salary:
				Address:	Telephone:
				Position Held:	Supervisor:
				Reason for Leaving:	
				Employer Name:	Salary:
				Address:	Telephone:
				Position Held:	Supervisor:
				Reason for Leaving:	
				Employer Name:	Salary:
				Address:	Telephone:
				Position Held:	Supervisor:
				Reason for Leaving:	

PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS

Type:	Registration Number:
Type:	Registration Number:
Type:	Registration Number:
Type:	Registration Number:

AFFIDAVIT: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever, I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this application. I authorize employers, companies, schools, or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employees, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand a conditional offer of employment may be based on the passing of a pre-employment physical, drug screen and the background check Macon Community Hospital will perform. I agree to abide by all of the rules and regulations of all federal, state and local governments. In addition, I hereby agree to abide by the rules and policies of Macon Community Hospital.

Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer.

Signature: ______________________________ Date: ______________________________

WE ARE AN EQUAL OPPORTUNITY EMPLOYER – A COPY OF THIS APPLICATION IS AVAILABLE TO YOU UPON REQUEST