

**STOKES-REYNOLDS MEMORIAL HOSPITAL, INC.  
P.O. BOX 10, DANBURY, NC 27016**

<b>NAME (LAST)</b>	<b>(FIRST)</b>	<b>(MIDDLE)</b>	<b>SOCIAL SECURITY NO.</b>	<b>DATE</b>
<b>CURRENT ADDRESS (ROAD OR STREET NAME)</b>				<b>(CITY)</b>
<b>(STATE, ZIP)</b>				<b>HOME PHONE</b>
<b>PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 5 YEARS)</b>				<b>BUSINESS PHONE</b>
<b>NOTIFY IN EMERGENCY (NAME, ADDRESS, AND PHONE)</b>			<b>Are you related to any hospital employee? [ ] YES [ ] NO WHO?</b>	
<b>What department are you applying for?</b>	<b>Expected wage?</b>	<b>Full [ ] Part [ ] time?</b>	<b>What shifts can you work? [ ] 1st [ ] 2nd [ ] 3rd Which do you prefer?</b>	

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? [ ] YES [ ] NO

IF YES, EXPLAIN.

**...EDUCATION |**

CIRCLE HIGHEST YEAR ATTENDED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

SCHOOL	NAME, CITY, STATE	YEARS ATTENDED From To	GRADUATED Yes / No	DATE OF GRADUATION	DEGREE AND TYPE
HIGH SCHOOL					
BUSINESS/ TECHNICAL SCHOOL					
COLLEGE					
GRADUATE					

FOR PROFESSIONAL LICENSURE AND CERTIFICATE INFORMATION

License No:  
Certificate No:

Expires On:

I understand if I am hired I must abide by the written Personnel Policies of Stokes-Reynolds Memorial Hospital, Inc. I declare that the information I have given in this application is true and correct, to the best of my knowledge. I understand that any omission, or deceptive statement will be ground for discharge.....I authorize all persons, companies and firms to release pertinent information regarding my character and/or work record to Stokes-Reynolds Memorial Hospital, Inc. and hereby release said firms/persons contracted, including Stokes-Reynolds Memorial Hospital, Inc. from all liability for issuing this information.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Are you a member of the National Guard? [ ] YES [ ] NO

Are you a member of a ROTC Unit? [ ] YES [ ] NO

Are you a member of a Reserve Corp? [ ] YES [ ] NO  
If so, which?

**■ EMPLOYMENT EXPERIENCE ~**

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed From                  To		Work Performed
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Starting	Final	
Reason for Leaving			
			Supervisor
Employer	Dates Employed From                  To		Work Performed
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Starting	Final	
Reason for Leaving			
			Supervisor
Employer	Dates Employed From                  To		Work Performed
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Starting	Final	
Reason for Leaving			
			Supervisor

Can we contact these employers? [ ] Yes [ ] No      Signature \_\_\_\_\_

Have you worked for Stokes-Reynolds Memorial Hospital before? [ ] Yes [ ] No  
If yes, in what position? \_\_\_\_\_

**FOR HUMAN RESOURCES USE ONLY**

HR INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

CALLED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

**\*\*PLEASE RETURN TO HUMAN RESOURCES DEPARTMENT\*\***