

Application for Employment



**Stanly
Health Services**

301 Yadkin Street
P.O. Box 1489
Albemarle, NC 28002

Name _____ Date _____

Position Applied For _____

Stanly Regional Medical Center

Stanly Medical Services

Stanly Manor

Educational Record

SCHOOLS	NAME & LOCATION	DATES ATTENDED	DIPLOMA/ DEGREE	MAJOR COURSE OF STUDY
High School		From To		
College		From To		
Post Graduate		From To		
Technical or Business		From To		
School of Nursing		From To		

Prior Work History (List in order, last or present employer first.)

If currently employed, may we contact your present employer? Yes No

Present/Last Employer	Employed	Your Title or Position	Reason for Leaving	Name of Last Supervisor
	From (mo/yr)			
Address				
	To (mo/yr)			
City, State, Zip	Work Performed			
Telephone				
Present/Last Employer	Employed	Your Title or Position	Reason for Leaving	Name of Last Supervisor
	From (mo/yr)			
Address				
	To (mo/yr)			
City, State, Zip	Work Performed			
Telephone				
Present/Last Employer	Employed	Your Title or Position	Reason for Leaving	Name of Last Supervisor
	From (mo/yr)			
Address				
	To (mo/yr)			
City, State, Zip	Work Performed			
Telephone				
Present/Last Employer	Employed	Your Title or Position	Reason for Leaving	Name of Last Supervisor
	From (mo/yr)			
Address				
	To (mo/yr)			
City, State, Zip	Work Performed			
Telephone				

Licensure

For purposes of this section, references to the term "Licensed" also apply to the term "Registration" and "Certification".

Type of license	Professional license No.	Issuing State	Expiration date

Other applicable licensing information

List additional skills (medical technology, computer skills and/or clerical skills)

Character References (Please list persons who know you well, not previous employers or relatives.)

Name	Address (street, city, state)	Telephone Number	Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST RE-APPLY.

READ CAREFULLY BEFORE SIGNING

I certify that all of the information provided on this application is true and complete. I understand that any misrepresentation or willful omission of facts is cause for the rejection of my application or, if employed, my dismissal.

I authorize Stanly Health Services (Stanly Regional Medical Center, Stanly Medical Services, Stanly Manor) to investigate my history and character and I hereby authorize previous employers, individuals, schools, companies, bureaus, and/or agencies to disclose to Stanly Health Services all records pertinent to my employment. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Stanly Health Services Organizations and release them from all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature of Applicant _____ Date _____

NOTICE TO JOB APPLICANTS

Stanly Health Services (Stanly Regional Medical Center, Stanly Manor & Stanly Medical Services)

Tobacco Free Campus

Tobacco use is not permitted within the facilities or on the grounds of any Stanly Health Services organization. Tobacco use is not permitted in privately owned vehicles located on the organization's property, in any Stanly Health Services vehicle or in vehicles in use for Stanly Health Services business.

Drug Test Consent

I am aware that Stanly Health Services organizations are committed to providing a drug-free workplace which promotes the health, safety and welfare of patients and employees. I understand that all job applicants must pass a drug test. I also understand that if I am offered a job with a Stanly Health Services organization and I accept the job, then I will be subject to their Substance Abuse Policy. The policy includes random drug testing, and drug and alcohol testing for cause and post-accident. Employees who refuse to comply with any request for a urine and/or blood specimen or otherwise fail or refuse to abide by the policy will be terminated.

As a job applicant, I consent to providing a urine specimen for purposes of having a drug test and release Stanly Health Services organizations from any liability arising from this test. I understand that a confirmed and unexplained positive test will result in the denial of employment with these organizations.

Health Evaluation

I understand that if I am offered a job with a Stanly Health Services organization and I accept the job, then I will be subject to a health evaluation to assess suitability for performing the essential job functions of that job. If I am deemed unable to perform the essential job functions, with or without reasonable accommodation, the offer of employment may be withdrawn.

As a job applicant, I understand that failure to report for a drug screen and health evaluation as scheduled will result in the denial of employment with a Stanly Health Services organization unless the failure is due to circumstances deemed to be beyond my control as determined solely at the discretion of the organization.

Background Checks

Stanly Health Services organizations perform background checks on all applicants for employment. In addition, the organizations check the OIG's List of Excluded Individuals/Entities (LEIE) to determine whether applicants have been expelled from the Medicare and Medicaid programs. Applicants whose names appear on the LEIE are not eligible for employment.

Direct Deposit of Paychecks

I understand that direct deposit of paychecks to the employees checking or savings account is mandatory for all employees.

Signature of Applicant

Date