

North Arkansas Regional Medical Center (NARMC) is an Equal Opportunity Employer. NARMC takes affirmative steps to hire and promote the disabled, veterans, females, and minorities, and to place qualified applicants with good work records in jobs at NARMC. If you are an individual with a disability who needs accommodation or you are having difficulty using our website to apply for employment, please contact Human Resources. Applicants will be considered without regard to race, color, religion, creed, gender, national origin, age, handicap / disability, marital or veteran status, or any other legally protected status. Please answer all questions. If a question does not apply to you, put N/A.

(PLEASE PRINT)

Position Applied For (Complete separate application for each position applied for) \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address: Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Have you ever been employed with us before?  Yes  No If Yes, give date \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Do you have any relatives employed by NARMC?  Yes  No If Yes, give name(s) \_\_\_\_\_

Do you have a legal right to work in the United States?  Yes  No

**Proof of citizenship or immigration status will be required upon employment.**

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  Shift Work What hours are you available for work? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

**Conviction will not necessarily disqualify an applicant from employment.**

If Yes, please explain \_\_\_\_\_

**Additional Information**

**Specialized Skill**

**Check Skills / Equipment Operator**

Meditech Systems  PC  Spreadsheet  Calculator  PBX System  Microsoft Office

Wordprocessor Can you speak, read and/or write any foreign languages? \_\_\_\_\_

**Education**

Did you graduate from high school?  Yes  No Do you have a G.E.D.?  Yes  No

High School	Dates Attended		Course of Study / Diploma Degree
Address	From	To	
_____	_____	_____	_____
_____	_____	_____	_____
Undergraduate College	Dates Attended		Course of Study / Diploma Degree
Address	From	To	
_____	_____	_____	_____
_____	_____	_____	_____
Graduate Professional	Dates Attended		Course of Study / Diploma Degree
Address	From	To	
_____	_____	_____	_____
_____	_____	_____	_____
Other (Specify)	Dates Attended		Course of Study / Diploma Degree
Address	From	To	
_____	_____	_____	_____
_____	_____	_____	_____

Professional Licenses, Registrations and / or Certifications: \_\_\_\_\_

**References**

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (Phone #)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (Phone #)

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. If you do not have enough space below, use a separate sheet for continuations.

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

Are you presently employed?  Yes  No - May we contact your present employer for a reference?  Yes  No

May we contact your former employers for a reference?  Yes  No

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


State any additional information you feel may be helpful to us in considering your application.


(Attach a separate sheet if necessary.)

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will", which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and regulations of the employer.

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Signature of Applicant

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Date

I understand by checking this box it serves as my electronic signature.

## For Personnel Office Use Only

Date

Interviewer

Position

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**Submit Application**

**APPLICANT DATA RECORD**

It is the policy of this company to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or veteran's status; or status within any other protected group. Various agencies of the United States government require employers to collection information about applicants. Information requested on this sheet is for purposes of compliance with these record-keeping requirements and to determine recruiting and employment patterns. Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application form. Completion of this sheet is voluntary and is not a requirement for employment.

**Voluntary Equal Employment Opportunity Questionnaire**

Name:

Position Applied for:

Sex: M  F

**Race - Check only one:**

- Hispanic or Latino
- White
- Black or African-American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- 2 or more races

**Veteran Status - Check all that apply:**

- Vietnam-Era Veteran
- Other Protected Veteran
- Newly Separated Veteran

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