



*Ellett Memorial Hospital*  
 610 N. Ohio Avenue  
 Post Office Box 6  
 Appleton City, MO 64724  
 (660) 476-2111 Phone  
 (660) 476-2421 Fax

**APPLICATION FOR EMPLOYMENT**

**Pre-Employment Questionnaire**

**Equal Opportunity Employer**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Last First Middle

PRESENT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Are you 18 years or older?  Yes  No

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status?  Yes  No

**EMPLOYMENT DESIRED**

POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

Are you employed now?  Yes  No May we inquire of your present employer?  Yes  No

Have you ever applied to this facility before?  Yes  No If yes, when? \_\_\_\_\_

Referred by: \_\_\_\_\_

**EDUCATION**

GRAMMAR SCHOOL: \_\_\_\_\_

Name	Address	City	State	Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				

HIGH SCHOOL: \_\_\_\_\_

Name	Address	City	State	Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				

COLLEGE: \_\_\_\_\_

Name	Address	City	State	Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TRADE, BUSINESS, OR CORRESPONDENCE: \_\_\_\_\_

Name	Address	City	State	Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**GENERAL**

Subjects of special study or research work: \_\_\_\_\_

Special Skills: \_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

**FORMER EMPLOYERS** (List below the last three employers, starting with the most current employer first)

Name & Address of Employer: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Which job did you like the best? \_\_\_\_\_  
What did you like most about this job? \_\_\_\_\_

**REFERENCES** (Names of three persons, not related to you, whom you have known at least one year)

NAME	BUSINESS	ADDRESS	YEARS OF AQUAINTENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency, notify: \_\_\_\_\_  
Name Address Phone Number

“I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the company may change with or without notice, the terms and conditions of my employment at any time. I understand that no company representative other than its’ President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

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

**FOR OFFICE USE ONLY**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hired?  Yes  No Position: \_\_\_\_\_ Department: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_