APPLICATION FOR EMPLOYMENT

Office of Human Resources
PO Box 1460
Fredericksburg, VA 22402
FAX: 540-786-0677
www.prattmed.com

Thank you for considering Pratt Medical Center for employment in our mission to provide quality healthcare services to our community.

Please read the following information carefully before submitting this application for consideration:

- This application must be completed in its entirety. **We are unable to consider applications that contain blank fields or have missing information.** ***Indicating "see resume" is considered missing information.***
- Application forms will remain in active status for consideration of employment for a period of two years after receipt in the Human Resources Department.
- Employment is not considered finalized until a formal offer of employment is made by the Human Resources Office of Pratt Medical Center.
- Our facility is a drug free workplace. All offers of employment will be conditional upon passing a drug screen and background check given at Pratt Medical Center's expense.
- As a condition of continued employment, all applicants are expected to maintain the strictest level of patient and employer confidentiality as well as the highest level of patient service.
- Applicants may provide any additional information not requested in the application form which he or she feels may be appropriate for their consideration for employment.

You must read and sign the CERTIFICATION, ACKNOWLEDGEMENT, AUTHORIZATION and RELEASE on the back page. Thank you for your interest in employment with PRATT MEDICAL CENTER, LTD.

PRATT MEDICAL CENTER, LTD.

PERSONAL INFORMATION

Position Applying For:		Location of Position	Today's Date	
Last Name	First Name	Middle Initial	Social Security Number	
Street Address		City	State	Zip Code
Day Telephone Number	Home Telephone Number	Date Available for Employment	Salary Desired $	

Emergency Contact:

Name Phone Relationship

Career Objective?	E-mail Address:
Applying for (check all that apply) ❒ Full-Time ❒ Part-Time ❒ PRN (As Needed) ❒ Temporary	Availability (✓ indicates Yes) ❒ Evenings ❒ Weekends ❒ Evenings Only ❒ Weekends Only ❒ Overtime ❒ Holidays

Referred to this Organization by: ❒ Newspaper ❒ Pratt Associate (name) ❒ Other	Relatives Employed by Pratt Medical

Previous Employment with Pratt Medical

❒ **No** ❒ **Yes** If yes, Position Held: Department: From to

Do you have commitments to another employer that may affect your employment with us? ❒ Yes ❒ No

If yes, please describe:

Have you ever been convicted of a felony? A conviction record will not necessarily be a bar to employment. Factors such as age at time of offense, seriousness and nature of violation will be taken into account. ❒ Yes ❒ No

If yes, please describe in full:

EDUCATION

SCHOOL	NAME	CITY/STATE	ATTENDED	GRADUATED?	DEGREE	MAJOR
High School				❒ Yes ❒ No		
College			to	❒ Yes ❒ No		
Graduate School			to	❒ Yes ❒ No		
Other School/Training			to	❒ Yes ❒ No		

PROFESSIONAL LICENSES / CERTIFICATIONS

Type	State	Expiration Date	Registration/Certification #

PRATT MEDICAL CENTER, LTD.

JOB RELATED SKILLS

❒ Typing, _____wpm ❒ Transcription ❒ Word Processing ❒ Spreadsheet ❒ Database
❒ Personal Computing ❒ Supervisory Experience ❒ Medical Terminology

List other Special/Technical Skills:

EMPLOYMENT HISTORY

List all employers, with ***most recent employer first.*** Attach additional sheet if more space is required

Employer's Name	Job Title Held	Employed from to
Supervisor's Name and Title		❒ Full Time ❒ Part Time
Employer's Address	Employer's Phone Number	Hours Worked per Week
Duties/Responsibilities		Starting Salary: $ Last Salary: $
Reason for Leaving		Would you be eligible for rehire? ❒ Yes ❒ No
Employer's Name	Job Title Held	Employed from to
Supervisor's Name and Title		❒ Full Time ❒ Part Time
Employer's Address	Employer's Phone Number	Hours Worked per Week
Duties/Responsibilities		Starting Salary: $ Last Salary $
Reason for Leaving		Would you be eligible for rehire? ❒ Yes ❒ No
Employer's Name	Job Title Held	Employed from to
Supervisor's Name and Title		❒ Full Time ❒ Part Time
Employer's Address	Employer's Phone Number	Hours Worked per Week
Duties/Responsibilities		Starting Salary: $ Last Salary: $
Reason for Leaving		Would you be eligible for rehire? ❒ Yes ❒ No

May we communicate with your employers? *Past:* ❒ Yes ❒ No *Present:* ❒ Yes ❒ No

REFERENCES

Please list references (not relatives) to contact who are **acquainted with your work history**:

Name	Title/Occupation	Company/Address	Phone Number

APPLICANT'S CERTIFICATION, ACKNOWLEDGEMENT, AUTHORIZATION and RELEASE:

As an applicant for employment with *PRATT MEDICAL CENTER, LTD.,*I hereby certify and represent to *PRATT MEDICAL CENTER, LTD.,* that all of the information contained in this Application for Employment is true, correct, complete and is not misleading. I submit this information to *PRATT MEDICAL CENTER, LTD.,* making specified representations about my skills, education, expertise, and experience so that I may be evaluated in connection with seeking a position of employment. I understand that *PRATT MEDICAL CENTER, LTD.,* will reasonably rely upon all of the information that I provide and represent to it and, therefore, will be damaged by any misleading, incomplete, incorrect and/or false information that I submit and/or represent. I understand that, if any of the information contained in this Application for Employment is misleading, untrue, incorrect and/or incomplete, I will become ineligible for employment consideration or, if I am hired, my employment with *PRATT MEDICAL CENTER, LTD.,* may be terminated.

I understand that *PRATT MEDICAL CENTER, LTD.,* may (in its sole discretion) choose to conduct a thorough background investigation of me and my background. I hereby authorize and grant my irrevocable permission to *PRATT MEDICAL CENTER, LTD.,* to conduct a thorough background investigation, including contacting and interviewing all of my former employers and all of my references regarding my entire background—whether positive or negative. I further authorize all of my former employers and all references to release any and all liability whatsoever in connection with any statements made by them to *PRATT MEDICAL CENTER, LTD.,* to ensure that their comments will be both candid and complete. I further release *PRATT MEDICAL CENTER, LTD.,* from any and all liability whatsoever in connection with conducting a thorough background investigation of me or from its use of any of the information that it obtains in the course of conducting such an investigation.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities, and shall hold all parties releasing such information harmless.

I understand and agree that, if I am employed at *PRATT MEDICAL CENTER, LTD.,* my employment will be based upon *mutual consent* and will be governed by *Virginia's At-Will Doctrine.* Either I or *PRATT MEDICAL CENTER, LTD.,* or both, in our sole discretion, may terminate the employment relationship at any time, for any reason or no reason, without incurring any liability to the other whatsoever.

I REALIZE THAT THIS APPLICATION FOR EMPLOYMENT IS NOT A CONTRACT

SIGNATURE: _____DATE: _____

It is the policy of *PRATT MEDICAL CENTER, LTD.*, to afford equal opportunity to all associates and applicants for employment without regard to: age, race, religion, color, sex, national origin, marital status, pregnancy, veteran status, disability and any other characteristic protected by Federal, State of local law.

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