

# Application for Employment

Incomplete applications will not be considered.



620 E. Monroe • Mexico, MO 65265  
 (573)582-8601 • Fax (573)582-3725  
 www.AudrainMedicalCenter.com

(Please type or print)

General Information	NAME _____ <small style="display: inline-block; width: 30%; text-align: center;">Last</small> <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Middle</small>		
	CURRENT ADDRESS _____ <small style="display: inline-block; width: 30%; text-align: center;">Street</small> <small style="display: inline-block; width: 30%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 25%; text-align: center;">Zip Code</small>		
	_____ - _____ - _____ <small style="display: inline-block; width: 30%; text-align: center;">Social Security Number</small>	(____) _____ <small style="display: inline-block; width: 30%; text-align: center;">Telephone Number</small>	(____) _____ <small style="display: inline-block; width: 30%; text-align: center;">Cell Phone Number</small>
	Email address _____		
	Are you at least 16 years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you can begin work: _____	Salary requirement: _____
	Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	POSITION DESIRED: 1) _____ 2) _____		
	Employment status desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp <input type="checkbox"/> Relief	Shift preference: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotation	Work weekends/holidays?: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed by Audrain Medical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, department: _____ Date(s): _____ Position(s): _____		
Supervisor(s): _____ Under what name: _____			

Education	School	Name & Location	Course of Study	Did you Graduate or Receive G.E.D.?	Diploma / Degree Received
	High School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<small># Street City State Zip</small>			
	Vocational / Technical	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: _____ to _____ mo./yr mo./yr	
		<small># Street City State Zip</small>			
College / University	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: _____ to _____ mo./yr mo./yr		
	<small># Street City State Zip</small>				
Graduate / Other	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: _____ to _____ mo./yr mo./yr		
	<small># Street City State Zip</small>				

Skills	<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Fax Machine	<input type="checkbox"/> PBX
	<input type="checkbox"/> Transcription	<input type="checkbox"/> Calculator	<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Copier	<input type="checkbox"/> Other

Licenses/Certifications	Are you currently	Are you eligible for		
	<input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified	<input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified		
	Professional Licenses, Certifications, Registrations	State	ID Number	Expiration Date



**AFFIRMATIVE ACTION QUESTIONNAIRE**

Our organization is an equal opportunity employer with an affirmative action program. To assist us with our reporting requirements, we request that you complete this questionnaire. The information you supply will be kept confidential and will be used for affirmative action purposes. This information will not be maintained in our personnel file system.

**NAME** (Optional): \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SEX:**  Male  Female

**RACE:**  White  Black  Asian-American  Native-American (Indian)  Hispanic (Spanish)

**AGE 40 to 70:**  Yes  No

**DISABLED:**  Yes  No A disability means a physical or mental impairment that substantially limits a major life activity so that an employee has difficulty in maintaining or advancing in employment without reasonable accommodation being made for that person. Included in the definition are: persons with a disability, persons with a record of disability and persons considered to have a disability.

**DISABLED VETERAN:**  Yes  No A disability compensation rated at 30% or more or discharged for a disability or aggravated in the line of duty.

**VIETNAM VETERAN:**  Yes  No A person on active duty for more than 180 days (or discharged for a service-connected disability), and part of the duty occurred between August 6, 1964 and May 7, 1975, and with other than a dishonorable discharge.

**LANGUAGE INFORMATION:** Audrain Medical Center would appreciate your voluntary assistance in providing better communication with foreign or disabled patients. Would you be willing to act as an interpreter to either deaf or foreign speaking patients by sharing your knowledge of:

Sign Language  Foreign Language - Proficient in (foreign language) \_\_\_\_\_