



# RURAL HEALTHCARE DEVELOPERS

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## APPLICATION FOR EMPLOYMENT

Last Name:		First:		Middle:	
Street Address:		City:	State:	Zip:	
How long at this address: Yrs:      Mos:					
Social Security Number:			Date of Birth:		
Home Phone:			Cell:		
Position Applying for:				Location:	
Desired Salary:			Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>		
Days/Hours Available to Work Weekly:			Work Nights or Weekends: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date Available to Start:					
<b>EDUCATIONAL BACKGROUND</b>					
<b>SCHOOL</b>	<b>ADDRESS</b>	<b>YEARS</b>	<b>GRADUATED</b>	<b>DEGREE</b>	
Have you ever been convicted of a crime? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, explain the number of conviction(s), nature of offense(s), leading to conviction(s), how many recently such offense(s), was/were committed, sentence(s) imposed and type of rehabilitation.					
Have you ever been employed with this company: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, when:					
Do you have friends or relatives employed by this company: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please list their names below:					
If hired can you provide proof of U. S. citizenship or legal right to work in the United States: Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodations? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, please explain:					
May we contact your present employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no. why not?					
<b>WORK EXPERIENCE</b>					
<b>Name &amp; Address of Employer</b>					
		Phone:		Position:	
		Employment Date: From:      To:			
		Pay or Salary: Start: \$      End or Current: \$			
Reason for leaving:					
Last duties performed:					

<b>Name &amp; Address of Employer</b>		
	Phone:	Position:
	Employment Date: From:                      To:	
	Pay or Salary: Start: \$                      End or Current: \$	
Reason for leaving:		
Last duties performed:		

<b>Name &amp; Address of Employer</b>		
	Phone:	Position:
	Employment Date: From:                      To:	
	Pay or Salary: Start: \$                      End or Current: \$	
Reason for leaving:		
Last duties performed:		

<b>Name &amp; Address of Employer</b>		
	Phone:	Position:
	Employment Date: From:                      To:	
	Pay or Salary: Start: \$                      End or Current: \$	
Reason for leaving:		
Last duties performed:		

**LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.**

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
Years Known:	Years Known:

Have you ever been in the Armed Services? Yes:  No:

Specialty:

Date Entered:

Date Discharged:

<b>CERTIFICATIONS / SPECIAL TRAINING / AWARDS / SKILLS</b>

**APPLICATION FORM WAIVER**  
Please read carefully and **initial each line.**

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

\_\_\_\_\_ This company is committed to the principles of equal opportunity and is committed to make

employment decisions based on merit. We are committed to complying with all federal, state, and local laws providing for equal employment opportunities, as well as, law related terms and conditions of employment. The company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origins, physical or mental disability, age, or any other status protected by federal, state or local laws. The company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

\_\_\_\_\_ I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the company from any liability as a result of such contract.

\_\_\_\_\_ I also understand that (1) the company has a drug and alcohol policy that provides for pre-employment testing as well testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

\_\_\_\_\_ I understand that if i am employed, my employment will be "at will," which means that the company may terminate the employment relationship at any time, with or without cause and with no notice. Likewise, the company will respect my right to terminate my employment at any time, with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the company unless make in writing and signed by the hospital administrator.

\_\_\_\_\_ I further understand that my employment with the company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the company is terminable at will for any reason by either party.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

**THIS COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE ADHERE TO A  
POLICY  
OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX,  
SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU  
THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON  
YOUR  
QUALIFICATIONS.**

***THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN OUR  
COMPANY***