



1600 Aldersgate Road, Suite 200 • Little Rock, Ar 72205-6050

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Sought: _____ Date: _____

Name: _____ SSN: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number _____ 2nd Number _____

Date Available to Work: _____ Desired Salary (Required): _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No

If yes, can you provide proper identification? Yes No

Do any of your friends/relatives work for MFH? Yes No If so, who? _____

Available to work: Full Time Part Time Please indicate shift(s): 1 2 3 Wknd 1 Wknd 2

Work History: *(Start with current or most recent employer)*

1) Employer: _____ Job Title: _____

Dates Employed: _____ Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Supervisor: _____ Phone Number: _____

Reason for Leaving: _____ **May we contact this employer? Yes No**

2) Employer: _____ Job Title: _____

Dates Employed: _____ Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Supervisor: _____ Phone Number: _____

Reason for Leaving: _____ **May we contact this employer? Yes No**

3) Employer: _____ Job Title: _____

Dates Employed: _____ Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Supervisor: _____ Phone Number: _____

Reason for Leaving: _____ **May we contact this employer? Yes No**

4) Employer: _____ Job Title: _____

Dates Employed: _____ Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Supervisor: _____ Phone Number: _____

Reason for Leaving: _____ **May we contact this employer? Yes No**

Education (Proof of completion will be required):

School: _____ Degree Awarded: _____ Years: _____

School: _____ Degree Awarded: _____ Years: _____

School: _____ Degree Awarded: _____ Years: _____

Additional Education, Certifications or Qualifications: _____

Professional References (No family or friends): Professional references will testify to prior/current job performance and other job related questions. If references are unreachable during business hours and/or the phone number given is incorrect, the application will be considered incomplete.

Name	Phone Number	Best Time to Call	Occupation

Criminal History:

Have you ever been convicted of a **felony or misdemeanor**? Yes No If yes, please explain: _____

Have you ever been listed on the child maltreatment central registry in any state as a perpetrator of child maltreatment? Yes No If yes, please explain: _____

Pre-employment Requirements (Must be completed by all new employees):

- Must be 21 years old (**Direct Care Staff Only**).
- Methodist Family Health is a drug/alcohol free workplace. Must pass a drug screen and physical.
- Must pass a criminal record history check and child maltreatment background check.
- If applicable, must be eligible to be insured to drive MFH vehicles.
- Must successfully complete all aspects of orientation and training.
- College Graduate or minimum of 60 hours required for certain positions.

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 60 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 understand that I may be contacted for an interview by an employee of Methodist Family Health. I understand that an interview is not an employment offer, nor will the interviewer be authorized to make an employment offer. All employment offers for Methodist Family Health come from the office of Human Resources after the interview and after full investigation of pre-employment requirements.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the 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 an authorized executive 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 also understand that I am required to abide by all rules and regulations of this employer.

Name (Printed)

Signature

Date