

Application for Employment



Unity Medical Center

481 Interstate Dr.

Manchester, TN 37355

Phone: 931-728-6354

Fax: 931-461-3382

You may attach a resume, however, you must fill the application out in full.
Please do not leave any blanks.

Personal Information

Full Name: Date of Birth:

Address:

City: State: Zip Code:

Email: Phone:

Nationality: SSN:

Position Information

Position Applied For:

Division: Desired Salary:

Date Available to Start:

Full Time Part Time PRN Days Nights

Educational Background:

Degree: Year of Completion:

Institution:

Degree: Year of Completion:

Institution:

Professional Background

Company Name	Job Title	Responsibilities	Work Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachments: Resume/CV Attachment Cover Letter Attachment

By submitting this application, I confirm that the information provided is accurate, and I understand that any false statements may disqualify me from employment.

Declaration:
Signature

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Business References (If applying for your first job, you may use academic references)

Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Relationship to you:	<input type="text"/>		

Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Relationship to you:	<input type="text"/>		

Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Relationship to you:	<input type="text"/>		

Have you applied for a job with us before? Y N Have you worked for us before? Y N

How did you find out about this position?

Have you ever been bonded? Y N Have you ever been refused a bond? Y N

If so, state reason and date:

Have you ever served in the armed forces? Y N If yes, what branch?

Date Entered: Date Discharged:

Have you ever been discharged or requested to resign from a position? Y N

If yes, please explain:

Are you currently employed? Y N If yes, may we contact your current employer? Y N

Why do you desire to make a change?

Have you ever held a position of trust (handling money or confidential material/information)? Y N

Job Applicants Agreement and Certification



Unity Medical Center

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Please read and sign

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references and any other persons to answer all questions concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between Unity Medical Center and myself for either employment or for the providing of any benefit. No promise or guarantee is binding upon Unity Medical Center unless made in writing. If an employment relationship is established that I have the right to terminate my employment at any time and that Unity Medical Center retains the same right."

"I agree to submit to a physical examination and drug screen whenever requested, and I understand my becoming employed and/or my continued employment are subject to my successfully passing any physical examination in accordance with company policies and procedures."
(Reasonable accommodation is made to disabled applicants.)

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part at any time."

"I understand that this application will be kept on active file for 90 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

EMPLOYEE/INDEPENDENT CONTRACTOR/VENDOR SCREENING POLICY

It is Unity Medical Center's policy to make reasonable inquiries into the background (criminal or otherwise) of prospective employees, independent contractors or vendors whose job functions or responsibilities may impact the Hospital's compliance with federal or state law or the corporate compliance plan. Unity Medical Center will obtain a criminal background and reference check on you with your permission as evidenced by your signature below.

Any individual who has been convicted of a criminal offense related to health care or who has been disbarred, excluded or held to be otherwise ineligible for participation in federal health care programs will not be eligible for an employment or contractual service relationship with Unity Medical Center.

**** All applicants that are offered employment will be entered into E-Verify data base to ensure you are legal to work in this country.*

****A background check agreement will have to be filled out as well as this application and should be attached to this application. If one is not attached, please ask the receptionist for one or whoever you received the application from.*

Signature

Date



Background Screeners of America

18344 Oxnard St. Suite #101
Tarzana, CA 91356
Tel: 866-570-4949 | Fax: 866-570-5656
clientservices@wescreenusa.com

Disclosure And Authorization For Consumer Reports

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with Unity Medical Center, at 481 Interstate Drive, Manchester, TN 37355, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.wescreenusa.com

California, Minnesota and Oklahoma Residents:

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.

→

_____ Applicant Initials

California Applicants:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

Washington Applicants:

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Please complete all of the fields below:

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:		First:		Middle: Please check box if you do not have a middle name. <input type="checkbox"/>	
Social Security #:			Date of Birth:		
Email: (This is a required Field)					
Current Address:			Previous Address:		
Street:			Street:		
Apt or Unit #:			Apt or Unit #:		
City:		State:	Zip:		
City:		State:	Zip:		
Drivers Lic. #:			State Issuing:		
Former Name/Alias:					

X _____
Applicant Signature

Date: _____