

APPLICATION FOR  
EMPLOYMENT



Hitchcock Healthcare  
690 Medical Park Drive  
Aiken, SC 29801  
803-293-4367  
Fax: 803-648-7845

*All applicants will receive consideration without regard to race, color, sex, age, national origin, disability, veteran status or any other legally protected status.*

**Note: If you are also submitting a resume, we ask that you fully complete this application.**

(PLEASE PRINT) DATE OF APPLICATION \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

How were you referred?  Advertisement  Walk-In  Friend/Relative  Employment Agency  
 Hitchcock Employee (name) \_\_\_\_\_ May we use them as a reference?  Yes  No

Other \_\_\_\_\_

Position(s) Sought \_\_\_\_\_ Desired Salary \_\_\_\_\_ Date Available \_\_\_\_\_

Have you ever filed an application or interviewed here before?  Yes  No  
If yes, give position and date \_\_\_\_\_

Have you ever been employed here before?  Yes  No  
If yes, in what capacity and when? \_\_\_\_\_

Are you available to work: Status:  Full Time  Part Time  PRN  Temporary

Shift:  Days  Evenings  Nights  Weekends

Overtime

Are you physically/mentally able to perform the essential job related functions of the position(s) for which you are applying?  
 Yes  No

Are you legally eligible for employment in the United States?  Yes  No  
(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever been convicted of a crime?  Yes  No  
If yes, please explain: \_\_\_\_\_

*(Conviction does not necessarily disqualify applicant from employment. For some positions we do perform criminal background checks. You will be asked to consent if applicable.)*

Have you ever been excluded from providing services as listed on the OIG web site?  Yes  No  N/A  
If yes, please explain: \_\_\_\_\_

*(The mission of the OIG, Office of the Inspector General, as mandated by Public Law 950452, is to protect the integrity of the Department of Health and Human Services, as well as the health and welfare of the beneficiaries of those programs).*

Have you ever had your professional license suspended or revoked? \_\_\_Yes \_\_\_No \_\_\_N/A

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Professional License Number \_\_\_\_\_ Date Acquired \_\_\_\_\_ Expiration Date \_\_\_\_\_

List any other skills or special training/certifications related to the position for which you are applying:

Please state any additional information you feel may be helpful to us in considering your application:

\_\_\_\_\_

Education Information
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School	Name and Location	Course of Study	Years Completed	Degree or Diploma and Date received
Graduate				
College				
Business/Trade				
High School				
Elementary				

EMPLOYMENT INFORMATION – PLEASE LIST YOUR CURRENT/MOST RECENT EMPLOYMENT FIRST.
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Company Name	Telephone
Address	Employed (month & year) / / to / /
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Work:	Reason for Leaving
May We Contact? <i>If no, please explain:</i>	Yes No

Company Name	Telephong
Address	Employed (month & year) / / to / /
Name of Supervisor	Weekly Pay Start Last

