

Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

\_\_\_\_\_



A TALLAHASSEE MEMORIAL HEALTHCARE AFFILIATE

**APPLICATION FOR EMPLOYMENT**

333 N. Byron Butler Parkway  
Perry, Florida 32347  
Phone: 850-584-0866  
Fax: 850-584-0661

[www.doctorsmemorial.com](http://www.doctorsmemorial.com)

Drug-free/Smoke-free / M-F / D / V  
Equal Opportunity Employer

**Position(s) applied for:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Location:**

- DMH       Clinics
- P.T.

**PERSONAL**

- Name: \_\_\_\_\_
- Present Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_
- E-mail Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- Telephone No. (\_\_\_\_) \_\_\_\_\_ Alternate No. (\_\_\_\_) \_\_\_\_\_
- Date Available \_\_\_\_\_ Anticipated Pay \$ \_\_\_\_\_ Are you over 18?  Yes  No
- Are you eligible for employment in the US?  Yes  No (proof of citizenship or immigration status will be required upon employment)
- You are applying for:  Full-time  Part-time  PRN Pool  Any
- Indicate hours available for work:  Day / 7a  Evenings  Night / 7p  Weekends  Any
- Days available: \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday
- Have you been employed here before?  Yes  No If yes, when? \_\_\_\_\_
- Please state your name and positions held if previously employed by DMH: \_\_\_\_\_
  
- How were you referred to DMH:  Perry Paper  DMH Employee  Friend/Relative  Internal Posting  
 Other \_\_\_\_\_
- Have you filed an application here before?  Yes  No If yes, when & for what? \_\_\_\_\_
- Special Skills (check all you can perform):  Typing  Computer Terminal  Cashier  Medical Terminology  
 Calculation by touch  Bookkeeping  Switchboard  Word  Excel  Access  PowerPoint  Other:
- Do you have a valid driver's license?  Yes  No State Issued? \_\_\_\_\_
- Have you ever been convicted by Federal, State or other law enforcement authorities for any violation of federal law, state law, county or municipal law, regulation or ordinance? This includes pending convictions, plea of nolo contendere, deferred adjudication, adjudication withheld, adjudication withheld and pardoned, including all felonies, misdemeanors and traffic violation, excluding traffic misdemeanor convictions?  Yes  No  
If yes, give complete details: (Date, Place, Charges, Disposition, etc) \_\_\_\_\_

*Note: We perform criminal record checks. Failure to provide requested information, misrepresentation or providing false information is falsification and will disqualify an applicant and will lead to termination of current staff.*

- Are you related to any employee of DMH?  Yes  No If yes, state name, relationship and department: \_\_\_\_\_
- Have you ever worked or attended school under another name?  Yes  No If yes, name(s): \_\_\_\_\_
- Is there any reason you would be unable to fully perform the job as described?  Yes  No If yes, please explain. \_\_\_\_\_
- Have you the legal right to remain and work in the US and after employment, can you submit legal verification of your legal right to work in the US? \_\_\_\_\_
- Have you ever been sanctioned by the Office of Inspector General of the Dept of Health & Human Services (HHS/OIG) or the Government Services Admin (GSA) or excluded or suspended from participation in any federal or state health care program?  Yes  No If yes, please explain: \_\_\_\_\_
- Do you have any restrictions or obligations that would prevent you from: Working overtime or working consistently?  Yes  No If yes, please explain: \_\_\_\_\_

Type of School	Name & Address	# Years Completed	Degree Received	Major	Did you Graduate
High School or G.E.D.					___ Yes ___ No ___ GED
College					___ Yes ___ No
School of Nursing or Technical School					___ Yes ___ No
Other (Specify)					___ Yes ___ No

**PROFESSIONAL REGISTRATION:**

Please list any professional registrations, certifications, or licenses you currently possess or have applied for:				
Type	Number	State	Original Issue Date	Expiration Date

**EMPLOYMENT:**

Beginning with your most recent position, list all previous employment. Please give complete and accurate information. False statements or omissions will make you ineligible for employment. Your wage will be calculated according to experience noted on this application. **NOTE: A resume of your employment will not be accepted in lieu of filling out the section below, but may be included as a supplement.** Please account for any time gaps between jobs. If more space is necessary, use an additional sheet.

**Current Employer:**

<b>C U R R E N T</b>	<b>(A)</b> Company Name			Telephone ( ) - Fax ( ) -
	Address	City	State	Zip
	Employed (Mo/Yr) From	To	Name if different than present	
	Job Title	Supervisor Name		Salary: \$ _____ per hour \$ _____ annual
	Description of Duties			<b>May we contact?</b>
	<b>Reason for Leaving</b>			

Explain employment gap: \_\_\_\_\_

**Past Employers:**

<b>(B)</b>	Company Name			Telephone ( ) - Fax ( ) -	
	Address	City	State	Zip	Employed (Mo/Yr) From To
	Job Title	Supervisor Name			Name if different than present
	Description of Duties				Salary: \$ _____ per hour \$ _____ annual
	<b>Reason for Leaving</b>				

Explain employment gap: \_\_\_\_\_

<b>(C)</b>	Company Name			Telephone ( ) - Fax ( ) -	
	Address	City	State	Zip	Employed (Mo/Yr) From To
	Job Title	Supervisor Name			Name if different than present
	Description of Duties				Salary: \$ _____ per hour \$ _____ annual
	<b>Reason for Leaving</b>				

Explain employment gap: \_\_\_\_\_

<b>(D)</b>	Company Name			Telephone ( ) - Fax ( ) -	
	Address	City	State	Zip	Employed (Mo/Yr) From To
	Job Title	Supervisor Name			Name if different than present
	Description of Duties				Salary: \$ _____ per hour \$ _____ annual
	<b>Reason for Leaving</b>				

Explain employment gap: \_\_\_\_\_

<b>(E)</b>	Company Name			Telephone ( ) - Fax ( ) -	
	Address	City	State	Zip	Employed (Mo/Yr) From To
	Job Title	Supervisor Name			Name if different than present
	Description of Duties				Salary: \$ _____ per hour \$ _____ annual
	<b>Reason for Leaving</b>				

Explain employment gap: \_\_\_\_\_

<b>(F)</b>	Company Name			Telephone ( ) - Fax ( ) -	
	Address	City	State	Zip	Employed (Mo/Yr) From To
	Job Title	Supervisor Name			Name if different than present
	Description of Duties				Salary: \$ _____ per hour \$ _____ annual
	<b>Reason for Leaving</b>				

**PLEASE READ:** DMH considers applicants for all positions without regard to race, color, religion, national origin, age, marital, or veteran status, disability or other legally protected status. If requiring a reasonable accommodation for testing or interviewing purposes, please provide this facility with adequate notice in order to provide the accommodations(s).

**By signing below:**

**I understand that an incomplete application will not be processed.**

**I certify** that all information given in this application is true to the best of my knowledge, and understand that any incorrect or misleading information, either by omission or commission, **will disqualify me as an applicant.**

**I certify** that I have not been excluded from participation in the Federal healthcare programs and that I have not been convicted of an offense that would preclude employment in a nursing facility.

**I authorize** representatives of DMH to contact past employers and references concerning my ability, character and employment records. **I authorize these employers to release such information.**

**I understand** DMH has a Code of Conduct and is a Drug Free Workplace and that the offer of employment is contingent upon receipt of satisfactory employment references, criminal background check and a negative drug/alcohol screening.

**I authorize** representatives of DMH to obtain a criminal background check, drug screen and to verify the information I have provided and other relevant information needed to make an employment decision.

**I understand** that nothing contained in this employment application is intended to lead or create an employment contract between DMH and myself which would in any way restrict the right of DMH to terminate my employment at will.

Applicant Signature:

X

---

This application cannot be forwarded from the website at this time.

**Directions for sending application:**

- 1) After completing application and signing, **save as word document or PDF on your computer.**
- 2) Send as Email: [shuffmaster@doctorsmemorial.com](mailto:shuffmaster@doctorsmemorial.com)  
Or Fax to **850-584-0661**  
Or Mail to **Doctors' Memorial Hospital, 333 N. Byron Butler Parkway, Perry, FL 32347.**