

# COMMUNITY HEALTH SYSTEMS, INC.

## Employment Application

An Equal Opportunity Employer

### Please Print

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

\_\_\_\_\_  
Present Address                      City                      State                      Zip

\_\_\_\_\_  
Permanent Address (if different)                      City                      State                      Zip

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone                      Cell Phone                      Alternate Phone

### Employment Desired

Position applying for: \_\_\_\_\_ Location: \_\_\_\_\_

Are you applying for?

Regular full-time work?                       Yes     No  
Regular part-time work?                       Yes     No  
Temporary work?                       Yes     No

What days and hours are you available? \_\_\_\_\_

Are you available for work on weekends?                       Yes     No  
Would you be available to work overtime, if necessary?                       Yes     No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \$ \_\_\_\_\_



# COMMUNITY HEALTH SYSTEMS, INC.

## Personal Information

Many of our patients do not speak English. Do you speak or write any other languages?  Yes  No

List the language(s) you can speak, write and understand fluently:

\_\_\_\_\_

Have you ever applied to or worked for Community Health Systems, Inc. before?  Yes  No

If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ **How did you hear about CHSI?** \_\_\_\_\_

Do you have any friends or relatives working for CHSI or on the Board of Directors for Community Health Systems, Inc.?  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

How did you hear about CHSI? \_\_\_\_\_

Have you been convicted of a criminal offense (felony or serious misdemeanor)?  Yes  No

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offence to the position applied for may, however be considered.)*

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

Do you have a current California Drivers license?  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed:

\_\_\_\_\_

*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, drug screening test, and skill and agility tests.)*

Are you currently employed?  Yes  No

If so, may we contact your current employer?  Yes  No



# COMMUNITY HEALTH SYSTEMS, INC.

## Education, Training, and Experience

High School Name \_\_\_\_\_ Address \_\_\_\_\_

Major/Discipline \_\_\_\_\_

College/University Name \_\_\_\_\_ Address \_\_\_\_\_

Year graduated \_\_\_\_\_ Degree \_\_\_\_\_

College/University Name \_\_\_\_\_ Address \_\_\_\_\_

Year graduated \_\_\_\_\_ Degree \_\_\_\_\_

## Health Care Training

List Residency and/or volunteer work in related field:

Name \_\_\_\_\_ Year(s) \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Year(s) \_\_\_\_\_ Address \_\_\_\_\_

List any other experience, training, qualifications, or skills which you feel make you especially suited for work at Community Health Systems, Inc.:

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

## **Answer the following questions ONLY IF you are applying for a Provider or licensed position:**

Are you licensed and/or certified for this position?  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state or authority: \_\_\_\_\_

If not, when will you become licensed? \_\_\_\_\_

Are you currently credentialed with any HMO groups?  Yes  No

If so, please list:  
\_\_\_\_\_  
\_\_\_\_\_

Has your license/certification been revoked or suspended?  Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement:  
\_\_\_\_\_  
\_\_\_\_\_



# COMMUNITY HEALTH SYSTEMS, INC.

## Employment History

List all present and past employment starting with your most recent employer (last seven years is sufficient). **Account for all gaps in employment. You must complete this section even if attaching a resume, DO NOT write "see resume".**

Name of Employer \_\_\_\_\_ Address / City, State \_\_\_\_\_  
\_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor's name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone number \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Starting pay Ending pay  
Your duties and responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_  
May we contact this employer?  Yes  No

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Name of Employer \_\_\_\_\_ Address / City, State \_\_\_\_\_  
\_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor's name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone number \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Starting pay Ending pay  
Your duties and responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_  
May we contact this employer?  Yes  No

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Name of Employer \_\_\_\_\_ Address / City, State \_\_\_\_\_  
\_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor's name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone number \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Starting pay Ending pay  
Your duties and responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_  
May we contact this employer?  Yes  No



# COMMUNITY HEALTH SYSTEMS, INC.

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances of employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

**I hereby authorize Community Health Systems, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment** and, further, authorize the references I have listed to disclose any information they deem necessary. In addition, I hereby release the company, my former employers and all other persons from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between myself and Community Health Systems, Inc. In addition, I understand and agree that if I am employed, my employment is on an **“at-will”** and may be terminated at any time, with or without prior notice or cause and at the option of either myself or Community Health Systems, Inc. and that no promises or representations contrary to the foregoing are binding on the company.

\_\_\_\_\_  
Initials

I understand that Community Health Systems, Inc. is a Drug Free Workplace and as such requires each applicant to submit to a Drug Screening upon the offer of employment. I understand that during my employment, I may be requested to submit to a drug test as provided by law.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date





Community Health Systems, Inc.  
22675 Alessandro Blvd • Moreno Valley, CA 92553  
(951) 571-2300 • Fax (951) 571-2330

## Equal Employment Opportunity Data

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Application Date \_\_\_\_\_

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are collecting this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: \_\_\_\_\_

Sex:  Male  Female

Race/Ethnicity:  American Indian or Alaskan Native  Two or more races  
 Asian  
 Black or African-American  
 Hispanic or Latino  
 White  
 Native Hawaiian or other Pacific Islander

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

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To be completed by employer:

EEO-1 Category:  1 a. Executive/Senior Level Officials and Managers  6. Craft Workers  
 1 b. First/Mid Senior Level Officials and Managers  7. Operatives - semi-skilled  
 2. Professionals  8. Laborers and Helpers  
 3. Technicians  9. Service Workers  
 4. Sales  
 5. Administrative Support Workers

Employer information completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

# COMMUNITY HEALTH SYSTEMS, INC.

## DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Community Health Systems, Inc. (CHSI) ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, social media checks (i.e. Facebook, Google, etc.) or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by peopleG2, 160 N. Riverview Drive, Anaheim Hills, CA, 92808, 800-630-2880, www.peopleG2.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by peopleG2, 160 N. Riverview Drive, Anaheim Hills, CA, 92808, 800-630-2880, www.peopleG2.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# COMMUNITY HEALTH SYSTEMS, INC.

## BACKGROUND INFORMATION

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

(Full Legal Name)

Last Name as it appears on your License or ID Card: \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

(Full Legal Name)

Social Security # \* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Drivers License # \_\_\_\_\_

State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address(s) \_\_\_\_\_

\_\_\_\_\_

(List all current email addresses)

\*This information will be used for background screening purposes only and will not be used as hiring criteria.