

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? ____/____/____

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
------	--------------

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 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 periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____ Address / City, State _____
Position held _____ Your supervisor's name _____ (_____) _____
From ____/____/____ To ____/____/____ \$ _____ \$ _____
Starting pay Ending pay
Your duties and responsibilities:

Reason for leaving:

May we contact this employer? Yes No

Name of Employer _____ Address / City, State _____
Position held _____ Your supervisor's name _____ (_____) _____
From ____/____/____ To ____/____/____ \$ _____ \$ _____
Starting pay Ending pay
Your duties and responsibilities:

Reason for leaving:

May we contact this employer? Yes No

Name of Employer _____ Address / City, State _____
Position held _____ Your supervisor's name _____ (_____) _____
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 or 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 to 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 employ, 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

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

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