



# Rural Medical Services, Inc.

PO Box 577 – Newport, TN 37822 – (423) 613-3300

## Application for Employment

Rural Medical Services, Inc. complies with all applicable federal and state laws prohibiting discrimination in hiring or employment practices on the basis of citizenship, race, color, religion, gender, age, national and ethnic origin, disability, or veteran status. No question or item on this application for employment is intended to secure information to be used for such discrimination. Information obtained through this application will be used solely to determine qualifications and suitability for employment. Applications will be kept on file for 90 days.

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Available for Employment \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Applied for: \_\_\_\_\_

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

Address \_\_\_\_\_  
Street Apr. No.  
 \_\_\_\_\_  
City State Zip Code

Phone \_\_\_\_\_ Email address \_\_\_\_\_

### Education and Training

	School, City/State	Major	# Years Completed	Degree/Diploma
High School/ GED				
Undergraduate College/University				
Graduate School				
Technical School				

### Clinical/Special Skills or Knowledge

License/Certification Held: \_\_\_\_\_  
Type State Number Expiration Date

Other Skills or Knowledge: \_\_\_\_\_

Can you speak, read, or write any language other than English? If yes, please list languages you can speak, read or write.

Speak \_\_\_\_\_ Read \_\_\_\_\_

Write \_\_\_\_\_

**If you are applying for a position requiring bilingual or multilingual skills, you will be required to complete language assessments.**

## Employment History

Please list previous employment and provide all requested information. Begin with most recent.

May we contact your current employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Name of Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

- Have you ever been discharged from a job? \_\_\_\_\_ Explain \_\_\_\_\_

## Professional References

No relatives please

1. Name \_\_\_\_\_ Employed by: \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Employed by: \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

- Have you ever plead guilty or been convicted of, or received probation, or probation with alternative sentence for any crime (misdemeanors or felonies), excluding minor traffic violations? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

I hereby warrant that the information given by me in this application is true in all respects and I agree that if employed and it is found to be false in any respect that I will be subject to dismissal without notice.

I hereby authorize you or my former employers or references to furnish any information concerning my personal character, habits, or employment record and I hereby release all such persons from any liability or damages on account of having furnished this information. I understand that according to Public Chapter 1084, RMS is required to conduct a background check, using the state sex offender registry, the state abuse registry and the abuse registries for states in which I have lived for the previous 7 years. I also understand that RMS has a Drug Free Workplace policy and drug screening will be required prior to employment. I also understand that RMS participates in E-Verify and that a criminal background check will also be performed prior to employment.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ Date \_\_\_\_\_

Rural Medical Services, Inc. is an Equal Opportunity Provider and Employer