**CRESCENT MEDICAL CENTER**

APPLICANT’S NAME: Claudia Ahuta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION: Respiratory Therapist\_PRN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION DATE: 05/07/2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

For application to be considered: It is mandatory that all areas of application are completed (“See Resume” is not acceptable). If an area does not apply to you, please write “N/A” in the space provided (do not leave any areas blank). Type or print all answers. All information on this application will be held confidential. Disclosures of a negative nature, such as conviction record, will not automatically bar you from employment but considering factors (i.e. age and time of the offense, seriousness and nature of the violation and rehabilitation) will be taken into account. Because of the nature of our business (healthcare), an extensive background check will be conducted into your personal and professional history.

Any false, misleading or incomplete information will be grounds to disqualify applicants from employment with Crescent Medical Center. The following is a list of items that will be needed, if employment is offered with our facility:

1. A Complete Application
2. A “Current” Resume
3. License Verification
4. Signed Job Description
5. I-9 Form
6. W-4 Form
7. References (2)
8. Background Check
9. Orientation
10. Handbook Acknowledgment
11. Personal Information Sheet
12. Confidentiality Statement
13. Release and Immunity Statement
14. Employee Health Completed and Signed off by IC and in file
15. Competency Validation
16. Certifications (ACLS, BLS, PALS)
17. Education Requirements Completed
18. Evaluations (90 Day, Annual, On Site Examination)
19. Time Clock

**CRESCENT MEDICAL CENTER**

### **APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER - NOTICE TO APPLICANTS AND EMPLOYEES: We consider all applicants for every positions they are qualified for (with documentation of education, training and/or experience - and our ability to verify such), without regard to race, color, religion, sex, age, gender, religious creed, medical condition, pregnancy, parenthood, ancestry, national origin, age, sexual orientation, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status unrelated to the ability to perform the work required. A qualified individual with a disability may request a reasonable accommodation during the employment process. No question on this application is intended to secure information to be used for any discrimination. This application will be given appropriate consideration. The submission, and receipt, of this application does not imply or guarantee that the applicant will be employed by this facility. Screening tests, for alcohol and drug use, will be required before hiring and randomly during employment with Crescent Medical Center.

POSITION APPLYING FOR: Respiratory Therapist PRN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE APPLICATION COMPLETED: 05/07/2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW DID YOU LEARN ABOUT US? Coworker Ana Vela\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **PERSONAL DATA**

LAST NAME: Ahuta FIRST: Claudia M/I: \_\_\_\_\_\_\_\_

SOCIAL SECURITY #519-41-0728 \_\_ DATE OF BIRTH: 06/08/1981\_\_\_\_\_

EMAIL ADDRESS: \_\_\_CRPA0000@GMAIL.COM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER NAMES USED:

ADDRESS: 3011 Driftwood Lane Lancaster, TX 75146

HOME TELEPHONE: 325-232-0946\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MESSAGE PHONE: 325-232-0946

Are you age 18 or over? Yes\_\_\_\_\_\_

If you are under 18 years of age, can you provide proof of your eligibility to work? \_\_\_\_\_\_

Have you ever been employed with us before? NO If yes, When? \_\_\_\_\_\_

If employed with us before, state position and reason for departure

Are any of your relatives (by marriage also) employed by Crescent Medical Center? No\_\_\_ If yes, please list

name(s) and department(s):

Are you currently employed: No\_\_\_ May we contact your present employer? Yes\_(hiring contingent upon an accessible and favorable reference received). Date you would be available for work? \_05/29/2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a legal right to work in the U.S.? Yes\_\_ If yes, you will need to provide proof of work eligibility to be employed by this facility.

#### CHECK THE CATEGORIES AVAILABLE FOR WORK

FULL TIME \_\_\_\_\_\_\_\_ PART TIME \_\_\_\_\_\_ TEMPORARY \_\_\_\_\_\_ PER DIEM \_XX\_\_

SHIFT: DAY ONLY \_\_XX\_\_ EVENINGS \_XX\_\_\_\_ NIGHTS \_\_\_\_\_\_\_\_ ROTATING \_\_\_\_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_\_\_\_\_05/29/2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### GENERAL INFORMATION

EMERGENCY CONTACT PERSON: \_Wilkins Ahuta\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_Husband\_\_\_\_\_\_\_

ADDRESS: \_3011 Driftwood Lane Lancaster, TX 75146\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: \_\_325-232-4815\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Have you ever been terminated, or forced to resign, due to misconduct or unsatisfactory service?

Yes\_\_\_\_ No\_X\_\_ If yes, please explain the circumstances\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you currently on “Lay Off” status and subject to recall? \_NO\_\_\_\_\_\_ Can you travel, if a job requires it? NO

Have you ever been arrested and/or convicted, or are you currently awaiting disposition, for any criminal matter?  
Yes\_\_\_\_ No\_XX\_ If yes, please explain date, location, offense and disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### EDUCATION/TRAINING/SKILLS

DO YOU HOLD (CHECK ALL APPLICABLE):

H. S. DIPLOMA: \_XX\_\_ G.E.D. \_\_\_\_\_ ASSOCIATE’S DEGREE \_XX\_\_ BACHELOR’S \_\_\_\_\_ MASTER’S \_\_\_\_\_

ADVANCED DEGREES (LIST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL LICENSE #74864\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BLS: X\_\_\_\_\_\_ ACLS: XX\_\_\_\_\_\_\_\_\_\_ PALS: \_\_\_\_\_\_\_\_\_\_\_\_\_

###### LIST ALL SCHOOLS ATTENDED

SCHOOL NAME CITY/STATE MAJOR YEARS ATTENDED DEGREE

\_Cisco\_College\_\_\_\_\_\_\_\_Abilene, TX\_\_\_\_\_\_\_\_\_\_\_\_\_\_3 Years\_\_\_\_\_\_\_Associate Degree in Applied Respiratory Care\_

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

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DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:

\_Spanish Speaker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LIST ANY EQUIPMENT YOU ARE ABLE TO OPERATE (RELATED TO THIS POSITION):

Respironics V60 Non-invasive Positive Pressure, Philips BIPAP Vision, Puritan Bennet 980 Ventilator, EzPAP,

Small Volume Nebulizer, EKG(MAC 5500), Bag Mask Ventilation, Arterial Blood Analizer Machine. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LANGUAGES PROFICIENCY (other than English) STATE SPEAKING, READING AND/OR WRITING SKILLS:

\_\_Spanish (Reading, Speaking, Writing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? Yes \_\_\_\_\_ No \_XX\_\_

FROM: \_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_ BRANCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF DISCHARGE (please include copy of DD214, if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### REFERENCES

LIST NAME, ADDRESS AND TELEPHONE NUMBER FOR THREE (3) PROFESSIONAL REFERENCES - WHO ARE NOT RELATED TO YOU.

Ana Vela 591 Pratt RD, Red Oak 75154\_\_\_\_832-473-3035\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feda Rashid 107 Dove Ave, Red Oak 75154 469-878-1332\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jacob Varghese 2110 Foxcroft Arlington, TX\_76146\_ 817-313-4776\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU ARE AN INDIVIDUAL WITH DISABILITY, PLEASE LET US KNOW IF YOU WILL REQUIRE ANY ACCOMMODATION TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION(S) FOR WHICH YOU ARE APPLYING FOR:

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

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#### EMPLOYMENT

BEGIN WITH YOUR PRESENT, OR MOST RECENT, EMPLOYER. LIST ALL JOBS HELD, GOING BACK AT LEAST 10 YEARS OR TO AGE 18. PLEASE EXPLAIN ANY TIME GAPS, GREATER THAN THREE (3) MONTHS, IN EMPLOYMENT. PLEASE USE AN ADDITIONAL SHEET, IF SPACE IS NEEDED TO DOCUMENT EMPLOYMENT HISTORY.

1) POSITION: Respiratory Therapist\_\_\_\_ EMPLOYMENT DATES: 03/25/2013\_\_ TO \_\_Currently Employed\_\_\_\_\_\_

HOURLY RATE/SALARY: START: $26.00\_\_\_\_\_\_\_\_\_\_\_\_\_ END: $32.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: Charlton Methodist Medical Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_3500 Wheatland RD, Dallas, TX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE #: \_\_214-947-7777\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR: \_\_\_John Kuzma\_\_\_\_\_\_\_\_\_\_\_\_\_ MAY WE CONTACT? \_Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOURS WORKED PER WEEK: >24 Hours\_\_\_\_\_ # OF EMPLOYEES SUPERVISED (if applicable): \_\_\_\_NA\_\_\_\_

REASON FOR LEAVING: NA- Currently Employed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY JOB DUTIES: Managing life support mechanical ventilation systems, Administering aerosol-based medications, Monitoring equipment related to cardiopulmonary therapy, Analyzing blood samples to determine levels of oxygen and other gases, Managing artificial airways, Consulting with physicians and members of the medical team to recommend a change in therapy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

2) POSITION: Respiratory Therapist\_\_\_\_\_ EMPLOYMENT DATES: \_12/10/2011\_\_\_ TO 07/12/2012\_\_\_\_\_\_\_\_\_

HOURLY RATE/SALARY: START: \_$8.00\_\_\_\_\_\_\_\_\_\_\_ END: \_$25.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_Hendrick Medical Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_1900 Pine Street Abilene, TX 79601\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE #: 325-670-2000\_\_\_\_\_\_\_\_\_\_ FAX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR: Andre Pye\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAY WE CONTACT? \_\_\_Yes\_\_\_\_\_\_\_\_\_\_\_\_\_

HOURS WORKED PER WEEK: \_>36 Hours\_\_\_\_\_\_# OF EMPLOYEES SUPERVISED (if applicable): \_NA\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_\_Family Transferring to Metroplex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY JOB DUTIES: \_ Managing life support mechanical ventilation systems, Administering aerosol-based medications, Monitoring equipment related to cardiopulmonary therapy, Analyzing blood samples to determine levels of oxygen and other gases, Managing artificial airways, Consulting with physicians and members of the medical team to recommend a change in therapy.

3) POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYMENT DATES: \_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOURLY RATE/SALARY: START: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ END: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # OF EMPLOYEES SUPERVISED (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY JOB DUTIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4) POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYMENT DATES: \_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOURLY RATE/SALARY: START: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ END: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # OF EMPLOYEES SUPERVISED (if applicable): \_\_\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY JOB DUTIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### APPLICANT’S ACKNOWLEDGEMENT

By signing this application, I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Any omissions or misstatements of facts may be cause for rejection of this application or discharge from employment.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Crescent Medical Center is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

I authorize Crescent Medical Center Human Resources Department, or its designee, to make all necessary and appropriate investigations, allowable by law, to verify the information concerning my professional and personal background. It is my responsibility to update the Human Resources Department of any changes of my information.

Applicant’s Printed Name: \_Claudia Ahuta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Applicant’s Signature: Claudia Ahuta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: 05/07/2018 \_\_\_\_\_\_\_

**AUTHORIZATION FOR BACKGROUND CHECK**

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I,\_Claudia Ahuta\_\_, hereby authorize Crescent Medical Center Lancaster to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Crescent Medical Center Lancaster will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_Claudia Ahuta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 05/07/2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Signature Date

Claudia Ahuta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Name - Printed