



4321 Carothers Parkway  
Franklin, TN 37067-8542

Position: \_\_\_\_\_

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ PRN: \_\_\_\_\_

Shift Preference: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

Please print or type and answer all questions.

NAME (Last) (First) (Middle) (Other) Social Security Number

ADDRESS (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER (Home) (Other) Under 18  Yes  No

E-mail address: \_\_\_\_\_

Have you worked for WMC before?  Yes  No If so, when: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

How did you learn about Williamson Medical Center? \_\_\_\_\_

If referred by a WMC employee, please list name of employee: \_\_\_\_\_

Are you related to anyone on staff including physicians at WMC?  Yes  No

If so, (Name) \_\_\_\_\_ (Department) \_\_\_\_\_ (Relationship) \_\_\_\_\_

In the past 10 years, have you been convicted of a crime (felony or misdemeanor, except a minor traffic violation)?  Yes  No

If yes, list the offense(s), date of conviction and county of occurrence. \_\_\_\_\_

### WORK EXPERIENCE

LIST FORMER EMPLOYERS FOR THE PAST 10 YEARS (Please complete all blanks):

(List most recent employment first; attach additional pages if necessary.)

Employer Name, Address & Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

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

Employer Name, Address & Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

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

Employer Name, Address & Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

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

May we check your present employment?  Yes  No

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**SKILLS**

Do you operate any of the following equipment?

Computer:  Yes  No / Software Type:  MS Word  MS Excel  PowerPoint  MS Outlook / Word Processor:  Yes  No

Other Special Skills: \_\_\_\_\_

List professional licenses or certificates you possess:

\_\_\_\_\_  
(State Licensed) (License Number) (Current Renewal)

\_\_\_\_\_  
(State Licensed) (License Number) (Current Renewal)

If applying for a position required to drive a WMC vehicle, please list valid TN driver's license number:

TN driver's license number: \_\_\_\_\_ F Endorsement:  Yes  No

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**EDUCATION**

High School or Equivalent: \_\_\_\_\_ Graduated:  Yes  No

Address: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

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College or University: \_\_\_\_\_ Graduated:  Yes  No

Address: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

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Other: \_\_\_\_\_ Graduated:  Yes  No

Address: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Are you attending school?  Yes  No

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**REFERENCES**

List two personal references:

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

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

The undersigned applicant agrees, if employed by Williamson Medical Center, to abide by all Medical Center rules and regulations. Permission is granted to this Medical Center to investigate previous employment, education, references and criminal background. I release from liability or responsibility all persons, places of business and municipalities supplying such information.

I certify that the above statements are made truthfully and realize that falsification may result in dismissal. I understand that if I am hired, my employment will be subject to a satisfactory investigation report, satisfactory check of my references, and satisfactory post-employment medical screening, and that my employment may be terminated by either party at will upon notice to the other.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consumer Disclosure & Authorization for Background Investigation

In connection with my application for employment with Williamson Medical Center, I fully understand that Williamson Medical Center and/or VERIFIED CREDENTIALS Employee Screening (VERIFIED CREDENTIALS), as their agent, may request/perform a consumer report/background investigation on me.

The consumer report/background investigation may contain the following types of information: verification of prior employment(s) and dates of employment, academic achievement, professional licensure and credit reports. I further understand the report may contain information about any prior criminal history, civil litigation, social security number verification, driving records, Uniform Commercial Code (UCC) filings, any liens or judgments and bankruptcy as of a public record(s) search from any federal, state or other agency which might contain such records.

Information regarding conviction will not necessarily bar an application for employment but will be reviewed in light of all the surrounding circumstances, including age at the time of the offense, seriousness and nature of the violation, rehabilitation, relationship of the offense to employment and federal statutory requirements.

I authorize and request all persons, schools, business, corporation, credit bureaus, courts, law enforcement agencies, armed forces, employment commissions and all government agencies to release said information without restriction or qualifications. I authorize a Photostat (or Facsimile "FAX") of this release to be considered as effective as the original. All results will be proprietary and kept confidential and will not be provided to any parties other than Williamson Medical Center or its legal representative. I am aware that I have the right to request the nature and scope of the results, as reported, from Williamson Medical Center. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

All background information obtained shall be utilized to assist in verification of the employment application. Retrieval and usage of this information complies with all Equal Opportunity Commission, Americans With Disabilities Act and the Fair Credit Reporting Act (Laws, Rules and Regulations). Williamson Medical Center is an Equal Opportunity Employer and does not discriminate as to race, color, gender, nationality or age. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are least 40 years of age. It is unlawful for an employer to refuse to hire, discharge or otherwise discriminate with respect to compensation, terms, conditions or privileges of employment because of an individual's age.

**I hereby declare that the answers to the questions on my application and related paperwork which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of fact(s) or omissions may form the basis for rejection of my application or for my dismissal after employment.** I authorize VERIFIED CREDENTIALS to provide the results of said information to Williamson Medical Center or its representatives. If hired, this authorization shall remain on file and shall serve as ongoing authorization for Williamson Medical Center and/or VERIFIED CREDENTIALS to procure consumer and/or background reports. This releases VERIFIED CREDENTIALS, its officers, employees and agents from any and all liability from the results and preparation of any reports concerning my background or myself. I understand and acknowledge that except as provided in the Fair Credit Reporting Act, I may not bring any action or proceeding against VERIFIED CREDENTIALS, Williamson Medical Center or any user or furnisher of information for defamation, invasion of privacy or negligence with respect to the reporting of information disclosed pursuant to the Fair Credit Reporting Act, except as to false information furnished with malice or willful intent to injure me. **The facts set forth by me in this application are true and correct to the best of my knowledge and belief.**

PRINT NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_