

# Pine Creek Medical Center - Apply for a Position

## Full Name

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

## Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Line 2

\_\_\_\_\_  
City                                              State / Province

\_\_\_\_\_  
Postal / Zip Code                                              Country

## E-mail

\_\_\_\_\_

## Phone Number

\_\_\_\_\_  
Area                      \_\_\_\_\_  
Code                      Phone Number

## Available start date:

\_\_\_\_\_  
Month                      Day                      Year

## How did you learn about this position?

Employment Office

Company Employee

School

Newspaper

Billboard

Internet

Job Fair

Walk-In

\_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that Pine Creek Medical Center is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, veteran status, genetic information, or disability, or any other category protected by federal, state, or local law. I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give Pine Creek Medical Center or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to Pine Creek Medical Center. I also authorize Pine Creek Medical Center to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information. I understand that Pine Creek Medical Center reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to Pine Creek Medical Center or its designee. I release Pine Creek Medical Center and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test. I understand that this employment application and any other Pine Creek Medical Center documents are not promises of employment. If I am hired and not employed pursuant to a contract of employment that contains a specific duration of employment, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, but I will be employed, at all times, on at at-will basis. I further understand that as an at-will employee, I can terminate my employment at any time with or without cause and with or without advance notice, and that Pine Creek Medical Center has a similar right. I understand that no manager, representative, or agent of Pine Creek Medical Center has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the President may do so in writing. If I am hired under a contract, the contract will control the terms of my employment. The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in Pine Creek Medical Center's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired. I CERTIFY THAT I HAVE RECEIVED A SEPARATE WRITTEN NOTIFICATION THAT PINE CREEK MEDICAL CENTER MAY OBTAIN A CONSUMER REPORT ON ME FOR USE IN CONNECTION WITH MY APPLICATION AND, IF I AM HIRED, MY EMPLOYMENT WITH PINE CREEK MEDICAL CENTER. I AUTHORIZE PINE CREEK MEDICAL CENTER TO OBTAIN THIS REPORT. THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF THIRTY (30) DAYS IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

**Date**

\_\_\_\_\_  
Month      Day      Year

**Signature - Type Your Name. If Applying Online, use a mouse, stylis, or your finger.**

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