



# APPLICATION FOR EMPLOYMENT

## Roger Williams Medical Center

825 Chalkstone Avenue  
 Providence, RI 02908  
 (401) 456-2000  
 www.rwmc.org

Date of Application: \_\_\_\_\_

### EQUAL OPPORTUNITY EMPLOYER

Roger Williams Medical Center is an equal opportunity employer and does not discriminate on the basis of age, sex, race, color, national origin, religion, sexual orientation or disability. All job applicants may request any needed accommodations or assistance in order to complete this job application and participate in the application process. The application process will be communicated orally or on tape for applicants who are visually impaired.

In addition, Roger Williams Medical Center is subject to the provisions of the Rhode Island Workers' Compensation Act and provides all employees with coverage. We endeavor to offer employees a positive, supportive and ethical working environment.

**All information must be completed even if resume is attached or received.**

Are you **currently employed** or have you **previously been employed** by  ELMHURST  RWMC  SAINT JOSEPH HEALTH SERVICES?  Yes  No

Title and years of service \_\_\_\_\_

#### Referral Source:

Advertisement: Specify \_\_\_\_\_  Relative: \_\_\_\_\_  Walk-in  RWMC Employee: \_\_\_\_\_

Age of Applicant (If less than 18 years of age): \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PERSONAL				
Last Name		First Name		Middle Ini.
Street Address		City		State
Telephone		Business Telephone		Cell Phone
Email		If hired, can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you ever been convicted of a Felony (excludes misdemeanors)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", please explain: _____				
POSITION SPECIFICS				
Position applying for:	Date available to start:	Seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem	Shift <input type="checkbox"/> 1 <sup>st</sup> Shift <input type="checkbox"/> 2 <sup>nd</sup> Shift <input type="checkbox"/> 3 <sup>rd</sup> Shift	Available weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		Salary desired:	
EDUCATION AND TRAINING				
Name of School	City, State	Last Year Completed	Diploma/Degree Received	Academic Major/Minor
High School:		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School:		Dates Attended: to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade, etc:				
GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	School	Year	Location:	
Other schools or special training, including languages or other skills:				Location:

**LICENSURE/CERTIFICATION INFORMATION**

**If you hold a professional license, certificate, or registration which is related or required for the position you are applying for, please identify it below:**

Type	Number	State	Issue Date	Expiration Date
1.)				
2.)				
3.)				

Are you now licensed, certified or registered in your occupation?  Yes  No In Rhode Island?  Yes  No

If not licensed, certified or registered in Rhode Island, have you made applications  Yes  No

**WORK EXPERIENCE: List most recent employer first (include volunteer work). Please complete in full even though you may have a resume.**

Employer:				Type of business:	Employer's Phone Number: ( )
Job title and description of duties and responsibilities:				Reason for leaving:	
Started: Month/Year /	Left: Month Year /	Starting pay	Final pay	Name and title of supervisor:	
				May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:				Type of business:	Employer's Phone Number: ( )
Job title and description of duties and responsibilities:				Reason for Leaving:	
Started: Month/Year /	Left: Month Year /	Starting pay	Final pay	Name and title of supervisor:	
				May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:				Type of business:	Employer's Phone Number: ( )
Job title and description of duties and responsibilities:				Reason for Leaving:	
Started: Month/Year /	Left: Month Year /	Starting pay	Final pay	Name and title of supervisor:	
				May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I specifically authorize Roger Williams Medical Center to investigate the information on this application and my background, including any and all past or current employers and criminal court records. I make this authorization in return for Roger Williams Medical Center's consideration of me for employment, and I specifically release and hold Roger Williams Medical Center, and its employees and agents, harmless for any and all liabilities arising out of any investigations of my application for employment.

I acknowledge that the information I have supplied is correct to the best of my knowledge, and I understand that any deliberate falsification, misrepresentations or omissions of facts is a cause for denial of employment or dismissal without notice, if and when discovered. I am also aware that Roger Williams Medical Center is a tobacco-free institution and I agree to abide by its tobacco-free policies.

I understand that employment, if offered, is for no definite period. I understand that an offer of employment and my continued employment with Roger Williams Medical Center are contingent upon satisfactory proof of my authorization to work in the United States. I agree to comply with all medical center rules and regulations.

Finally, I acknowledge that any offer of employment is conditional upon successful completion of a physical examination.

If you have any questions regarding any statement on this application, please ask before signing.

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

Revised: 6/99; 12/03; 3/07; 6/07; 8/07; 4/08; 3/09, 2/10