



200 South Academy Road  
 P.O. Box 1017  
 Guthrie, OK 73044  
 (405) 282-6700  
 (405) 282-6790 – fax  
[hr@loganhosp.com](mailto:hr@loganhosp.com)

*We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.*

**General Information**

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

Name (Print) \_\_\_\_\_ Home or Contact Phone \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_  
Street # or post office box

\_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State Zip

Position applied for \_\_\_\_\_ Are you over the age of 18? \_\_\_\_yes \_\_\_\_no

Learned about LMC via \_\_\_\_ Internet \_\_\_\_ LMC Webpage \_\_\_\_ Newspaper \_\_\_\_ Other \_\_\_\_\_

Do friends or relatives work here? \_\_\_\_yes \_\_\_\_no State name and relationship \_\_\_\_\_

How soon could you report to work \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Do you have a legal right to work in the United States? \_\_\_\_yes \_\_\_\_no

Are you able to work Full time \_\_\_\_yes \_\_\_\_no Please indicate shift 1 2 3  
 Part time \_\_\_\_yes \_\_\_\_no Please indicate Mornings Afternoon Evenings  
 PRN/Pool \_\_\_\_yes \_\_\_\_no Weekends Holidays

**Background Information**

Have you applied for a job with us before? \_\_\_\_yes \_\_\_\_no Have you worked for us before? \_\_\_\_yes \_\_\_\_no

Have you been employed by a Medicare intermediary or carrier during the past year? \_\_\_\_yes \_\_\_\_no

Have you been convicted of or pled guilty or "no contest" to a felony? \_\_\_\_yes \_\_\_\_no

If so, state offense, date, court and place where conviction occurred. \_\_\_\_\_

**NOTE:** Conviction of a felony does not automatically disqualify an applicant for employment.

Are you employed now? \_\_\_\_yes \_\_\_\_no If so, why do you desire to make a change? \_\_\_\_\_

**Education**

Type of School	Name and Address of School	Courses Majored In	Last year completed	Graduate? Give Degree
Elementary			5 6 7 8	
High School				

			9	10	11	12	
<b>College</b>			1	2	3	4	
<b>Other</b>							

## Work Record

*Start with your present or last job.*

Employer	Dates Employed		Worked Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Resigned _____ Discharged _____			
Reason for Leaving			

Employer	Dates Employed		Worked Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Resigned _____ Discharged _____			
Reason for Leaving			

Employer	Dates Employed		Worked Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Resigned _____ Discharged _____			
Reason for Leaving			

Employer	Dates Employed		Worked Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Resigned _____ Discharged _____			
Reason for Leaving			

Explain any gaps in employment:


## Licenses / Skills and Other Pertinent Information

Professional Licenses and Certificates *(if you are licensed in your field)*

Type	State Issued	License Number	Issue Date	Renewal Date

Describe any specialized training, apprenticeship and skills.

Terminal _____ PC _____ Spreadsheet _____ Word Processing _____ WPM _____
Other (list)

Please provide any additional information such as special skills, training management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.


## References

Personal / Professional References *(do not list relatives or former employers)*

Name	Phone Number	Occupation	Best time to call

## Driving Record

*Complete this section only if you are applying for a job that requires on the job driving or have otherwise been instructed by Logan Medical Center to do so.*

Do you have a valid driver's license? \_\_\_\_yes \_\_\_\_no. What, if any restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been cited for moving violations within the last five years? \_\_\_\_yes \_\_\_\_no.

If so, state the violation(s), date(s), place(s), and resolution of the citation(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Applicants Certification

**Please read the following certification carefully before signing job applicant's certification**

I certify that the information given by me in this application is true in all respects. I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and except as indicated above, I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation and previous education or employment record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as Logan Medical Center and Medical Center may make regarding driving records, law enforcement records and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

I understand that nothing contained in this employment application or in the granting of an interview or of a position of employment is intended to create an employment contract between Logan Medical Center and myself for either employment or for the providing of benefits. No promises regarding employment have been made to me, and I understand that no promise or guarantee of employment for any specific length of time or under any specified circumstances shall be binding upon Logan Medical Center unless made in writing by or with the express written consent and authorization of the CEO. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason and that Logan Medical Center retains the same right.

I understand that, depending on the position applied for, prior to being offered employment with Logan Hospital, I may be requested to take an examination pertaining to skills or equipment operation. In the event I have a disability which will affect my ability to take the test, I will so inform Logan Medical Center prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites modified testing conditions and accessible testing formats. Logan Medical Center reserves the rights to require medical documentation concerning the need for the accommodation.

I understand that, if I am initially offered a position of employment, Logan Medical Center may require me to pass a medical exam prior to the commencement of work and as a condition of employment. I also understand that drug and/or alcohol tests are a condition of employment that refusal to submit to such tests when asked by Logan Medical Center shall be considered sufficient reason for denial of employment or discharge.

I understand that if employed, the policies and rules which are issued by Logan Medical Center are not conditions of employment and that Logan Medical Center may revise policies or procedures in whole or in part, unilaterally at any time. I understand that if employed, I am required to comply with the rules and regulations of all Federal, state and local governmental agencies.

**IMPORTANT: If you do not understand or if you disagree with any portion of the above certification, do not sign before discussion with Logan Medical Center.**

---

Signature of applicant

---

Date