



**DOUGLAS COUNTY**  
 MEMORIAL HOSPITAL  
 708 8<sup>th</sup> Street, Armour, SD 57313



## APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_\_

### Demographics

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Years lived at this address? \_\_\_\_\_

What kind of work are you interested in?

Interested in: Full-time Part-time PRN

What prompted you to apply for work at DCMH?

Have you ever been convicted of a crime? If yes, please explain.

### Military Service

Served in Armed Forces? Yes No If yes, what branch?

Dates of Duty: From To What were your duties?

**Professional References:** *List three people who have personal knowledge of your current clinical abilities, ethical character, and ability to work cooperatively with others.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please check if resume is attached: Yes \_\_\_\_ No \_\_\_\_

## Education

**Elementary Education:**

**City/State:**

**Years Completed:** 5 6 7 8

**High School Education:**

**City/State:**

**Years Completed:** 9 10 11 12

**College/Tech School:**

**City/State:**

**Degree:**

## Previous Employers

**#1 Company Name:**

**Phone Number:**

**Address:**

**Employment Dates:**

**Position:**

**Rate of Pay:**

**Reason for Leaving:**

**#2 Company Name:**

**Phone Number:**

**Address:**

**Employment Dates:**

**Position:**

**Rate of Pay:**

**Reason for Leaving:**

**#3 Company Name:**

**Phone Number:**

**Address:**

**Employment Dates:**

**Position:**

**Rate of Pay:**

**Reason for Leaving:**

I certify that I am 18 years of age or older.

It is understood and agreed that any offer of employment to the applicant is predicated upon the truthfulness of the statements herein contained. False information given by the applicant may be used as a basis for discharge after employment has been actually secured by the applicant.

I hereby authorize any person, firm or corporation to furnish DCHM/PHC any information concerning my character, habits, law violations, if any, ability, financial responsibility, and particularly the cause of the termination of employment at any time, and hereby release them from any liability for damages on account of furnishing such information. DCMH/PHC is an equal opportunity employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*This application will not be considered unless all questions are answered. Please fill out each question completely.\*\***