

COMMUNITY HEALTH SYSTEMS, INC.

Employment Application

An Equal Opportunity Employer

Please Print

_____	_____	_____	_____
Date	Last Name	First Name	Middle
_____	_____	_____	_____
Present Address	City	State	Zip
_____	_____	_____	_____
Permanent Address (if different)	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
Home Phone	Cell Phone	Alternate Phone	

Employment Desired

Position applying for: _____ Location: _____

Are you applying for?

- Regular full-time work? Yes No
- Regular part-time work? Yes No
- Temporary work? Yes No

What days and hours are you available? _____

- Are you available for work on weekends? Yes No
- Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Salary desired: \$ _____



COMMUNITY HEALTH SYSTEMS, INC.

PERSONAL INFORMATION

Many of our patients do not speak English. Do you speak or write any other languages? Yes No

List the language(s) you can speak, write and understand fluently:

Have you ever applied to or worked for Community Health Systems, Inc. before? Yes No

If yes, when? _____ **How did you hear about CHSI?** _____

Do you have any friends or relatives working for CHSI or on the Board of Directors for Community Health Systems, Inc.? Yes No

If yes, state name(s) and relationship:

Name Relationship

Have you been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however be considered.)

Please provide other names used on educational or employment records (if any): _____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Do you have a current California Driver's license? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, drug screening test, and skill and agility tests.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No



COMMUNITY HEALTH SYSTEMS, INC.

EDUCATION, TRAINING, AND EXPERIENCE

High School Name _____ Address _____

Major/Discipline _____

College/University Name _____ Address _____

Year graduated _____ Degree _____

College/University Name _____ Address _____

Year graduated _____ Degree _____

Health Care Training

List Residency and/or volunteer work in related field:

Name _____ Year(s) _____ Address _____

Name _____ Year(s) _____ Address _____

List any other experience, training, qualifications, or skills which you feel make you especially suited for work at Community Health Systems, Inc.:

Answer the following questions ONLY IF you are applying for a Provider or licensed position:

Are you licensed and/or certified for this position? Yes No

Name of license/certification:

Issuing state or authority:

If not, when will you become licensed?

Are you Board Certified or Board Eligible? _____ Board Certified Board Eligible

Are you currently credentialed with any HMO groups? Yes No

If so, please list:

Has your license/certification been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement:



COMMUNITY HEALTH SYSTEMS, INC.

EMPLOYMENT HISTORY

List ALL present and past employment starting with your most recent employer (last seven years is sufficient). Please explain ALL gaps in employment. You must complete this section even if attaching a resume. DO NOT write "see resume".

Name of Employer _____ Address / City, State _____
Position held _____ Supervisor's name _____ (_____) _____
Phone number _____
From _____ to _____ \$ _____ Starting pay \$ _____ Ending pay _____
Your duties and responsibilities:

Reason for leaving (If currently employed, why are you looking to leave?):

May we contact this employer? Yes No

Name of Employer _____ Address / City, State _____
Position held _____ Supervisor's name _____ (_____) _____
Phone number _____
From _____ To _____ \$ _____ Starting pay \$ _____ Ending pay _____
Your duties and responsibilities:

Reason for leaving:

May we contact this employer? Yes No

Name of Employer _____ Address / City, State _____
Position held _____ Supervisor's name _____ (_____) _____
Phone number _____
From _____ To _____ \$ _____ Starting pay \$ _____ Ending pay _____
Your duties and responsibilities:

Reason for leaving:

May we contact this employer? Yes No



COMMUNITY HEALTH SYSTEMS, INC.

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances of employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Community Health Systems, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose any information they deem necessary. In addition, I hereby release the company, my former employers and all other persons from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between myself and Community Health Systems, Inc. In addition, I understand and agree that if I am employed, my employment is on an **“at-will”** and may be terminated at any time, with or without prior notice or cause and at the option of either myself or Community Health Systems, Inc. and that no promises or representations contrary to the foregoing are binding on the company.

Initials

I understand that Community Health Systems, Inc. is a Drug Free Workplace and as such requires each applicant to submit to a Drug Screening upon the offer of employment. I understand that during my employment, I may be requested to submit to a drug test as provided by law.

Applicant's Printed Name

Applicant's Signature

Date





Community Health Systems, Inc.
22675 Alessandro Blvd • Moreno Valley, CA 92553
(951) 571-2300 • Fax (951) 571-2330

Equal Employment Opportunity Data

To be completed by applicant:

Application Date _____

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are collecting this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____ Position: _____

Sex: Male Female

Race/Ethnicity: American Indian or Alaskan Native Two or more races
 Asian
 Black or African-American
 Hispanic or Latino
 White
 Native Hawaiian or other Pacific Islander

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

TO BE COMPLETED BY EMPLOYER:

EEO-1 Category: 1 a. Executive/Senior Level Officials and Managers 6. Craft Workers
 1 b. First/Mid Senior Level Officials and Managers 7. Operatives – semi-skilled
 2. Professionals 8. Laborers and Helpers
 3. Technicians 9. Service Workers
 4. Sales
 5. Administrative Support Workers

Employer information completed by:

Name

Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Community Health Systems, Inc. ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification.

A consumer report will be conducted by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821, 800-630-2880, www.peopleG2.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature _____

Date _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821, 800-630-2880, www.peopleG2.com and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature _____

Date _____

BACKGROUND INFORMATION

Last _____ First _____ Middle _____

Other Names/Alias _____

Social Security # * _____ Date of Birth* _____

Drivers License # _____ State of Driver's License _____

Present Address _____

City/State/Zip _____

Phone Number _____

Email Address(s) _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.