

## Employment Statements:

Newman Regional Health is an equal opportunity employer. It is policy that all individuals are entitled to equal employment opportunity regardless of race, color, religion, sex, national origin, age or disability, as required by state and federal law. The Hospital is committed to this policy. All appropriate steps are taken to ensure equal opportunity in employment with respect to all personnel actions, including, but not limited to: recruiting, hiring, compensation, benefits, education and promotion / advancement opportunities.

## Applicant's Statement:

I understand that the facility reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment. Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy. I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I or the facility will have the right to terminate the employment relationship at any time with or without cause, and with or without notice. The facts set forth in my application for employment are true and complete. False statements, answers or omissions on this application shall be sufficient cause for nonconsideration for employment or for dismissal after employment. (I also recognize that my employment is based on receipt of satisfactory information from former employers and references, and upon my ability to pass a physical examination. I herein authorize the administration of this institution to investigate without liability the information supplied by me in this application for employment including academic, occupational, credit history, health, police and governmental records.) I also authorize listed employers and references without liability to make full response to any inquiries by administration of this institution in connection with this application for employment. Further, if employed, I agree to work the hours, days and shifts as scheduled. I will share weekend and holiday coverage. I will work in another department if requested to do so. I understand and agree that the terms, conditions, compensations, benefits, hours, schedule, and duration of my employment may be determined, changed or modified from time to time at the will of my employer without limitation or condition. I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Register/Placement Office of all educational institutions attended to release an official copy of my transcript and , if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I FURTHER CERTIFY THAT I HAVE READ THE FOREGOING PARAGRAPHS AND KNOWINGLY MAKE THIS AUTHORIZATION BY TYPING MY NAME AND SUBMITTING THE LICENSE AGREEMENT.