Rehoboth McKinley Christian Health Care Services

Instructions for the Supplemental Application Process:

1. Open position is posted.
2. Candidate completes Supplemental Application/ Transfer form
3. Obtains signature from releasing manager indicating eligibility.
4. Candidate brings completed form to Human Resources.
5. HR logs form and sends it to hiring manager after position closing date.
6. Hiring manager makes selection for interviews; from all qualified applications submitted .
7. You will be notified if selected/not selected by H.R. or hiring Director
8. Incomplete application will not be accepted.

SUPPLEMENTAL APPLICATION/TRANSFER REQUEST

Transfer to a different position

This application should include all current relevant experience and training you would like considered in addition with information currently in your personnel file. You may attach an updated resume.

All applicants for in-house job openings will be considered for transfer or promotions without regard to religion, race, sex, color, age, disability or national origin.

**PLEASE NOTE: Eligibility for Transfer requires Director review and signature indicating you have: been in your present position for one year with satisfactory performance before application can be made to transfer out of the department, or have completed ninety (90) days of satisfactory performance in all areas of responsibility and competency to promote or transfer within the department. In all cases, the employee must not be on unresolved corrective action at the documented first-written level or higher. Normally six months of fully satisfactory performance after documented corrective action is required or 12 months if at the second written corrective action level.

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_____ _____

Name Home or cell phone number.

_____

Position Applied for

_____ _____

Current Position & Department Department telephone #

Releasing Director: (Complete this section)

Employee ☐ meets ☐ does not meet eligible guidelines for transfer (H.R. Policy # 6-74)

COMMENTS

_____

_____

_____

_____ _____

RELEASING MANAGER SIGNATURE DATE

Recent experience/training you feel would be helpful in the job applied for:

_____
_____
_____
_____
_____
_____

Job References (Name 3 people who can supply information about your work history and qualifications.)

_____

Name Address Telephone

_____

Name Address Telephone

_____

Name Address Telephone

Comments or Additional Information:_____

_____

_____

The information above is complete and correct. I authorize REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES to obtain information about my employment from any current and former employers.

_____ _____

Signature Date

SUPERVISOR ONLY
(Complete in Full and Return to HR Department)

Interview Date:_____ **Selected _____**
Not Selected _____

COMMENTS:_____
_____
_____

AGREED UPON TRANSFER DATE:_____

_____ _____

Releasing Manager Signature Hiring Manager Signature

_____ _____

HIRING SUPERVISORS SIGNATURE DATE