



PLEASANT VALLEY HOSPITAL Employment Application

INSTRUCTIONS: If completing form via computer, type and tab to each new field. Use shift key and tab for previous field. When finished, save as a new file name, and attach the revised file in your emailed reply.

Your interest in our Hospital is appreciated. We provide equal employment opportunity without discrimination on the basis of race, color, religion, sex, age, disability, national origin, status as a veteran, military membership, or any other characteristic protected by state, federal, or local law. Applicants requiring reasonable accommodation in the application and job interview process should let us know of such need. Applications are considered current for three (3) months. If you have not been hired within three (3) months from the date of your application, you must re-file to be considered for employment. Any offer of employment is contingent on a drug screening test.

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address									
City			State		ZIP		E-mail		
Home Phone			Cell Phone			Referred by			
Position(s) Applied for					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> As Needed				
Preferred Locations: <input type="checkbox"/> Hospital <input type="checkbox"/> Nsg & Rehab Center <input type="checkbox"/> Durable Medical Equip <input type="checkbox"/> Lab Outreach <input type="checkbox"/> Physician's Office									
Veteran U.S. Military?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, what Branch?		Dates of Service	
								From To	
Rank at Discharge:	Type of Discharge	If other than honorable, explain:			Can you if hired submit proof of your legal right to work in U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you at least 18 years of age?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, do you have a work permit?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this hospital?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, when				
Name friends or relatives who work here.									
Do you have a valid driver's license?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Will you respect a tobacco-free workplace?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you presently charged with, or have you ever plead guilty, no contest, been given deferred adjudication, or been found guilty of a felony or misdemeanor? NOTE: <i>Motor vehicle citations occurring more than five years ago need not be referenced. Conviction of a felony or misdemeanor will not automatically bar employment.</i>							<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, explain									

EDUCATION	Name and Location of School	Years Completed	Major / Course(s)	Graduated?	
High School				<input type="checkbox"/> Diploma	<input type="checkbox"/> GED
Vocational/Trade				<input type="checkbox"/> Degree _____	
College				<input type="checkbox"/> Degree _____	
Graduate				<input type="checkbox"/> Degree _____	

Skills, qualifications, training:

PREVIOUS EMPLOYMENT (Beginning with most recent)			
1. Company Name	Location (Address)		Dates of Employment: From To
Type of Business	Supervisor's Name		Telephone
Job Title	Reason for Leaving		Earnings \$
			Still Working Here? <input type="checkbox"/> YES <input type="checkbox"/> No

Responsibilities			
<hr/>			
2. Company Name	Location (Address)	Dates of Employment: From To	
Type of Business	Supervisor's Name	Telephone	Earnings \$
Job Title	Reason for Leaving		
Responsibilities			
<hr/>			
3. Company Name	Location (Address)	Dates of Employment: From To	
Type of Business	Supervisor's Name	Telephone	Earnings \$
Job Title	Reason for Leaving		
Responsibilities			
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4. Company Name	Location (Address)	Dates of Employment: From To	
Type of Business	Supervisor's Name	Telephone	Earnings \$
Job Title	Reason for Leaving		
Responsibilities			
May we contact the employers listed above? <input type="checkbox"/> YES <input type="checkbox"/> No			Date Available
If no, indicate which one(s) you do not wish us to contact and state the reason why not.			

REFERENCES (List persons known at least five years -- not friends or relatives)			
NAME	LOCATION (Address)	TELEPHONE	RELATIONSHIP

AGREEMENT (Please Read Carefully)	
<p>I certify that all of the information given by me on this application or in supplemental form is true, correct, and complete to the best of my knowledge. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.</p> <p>I authorize and release the Hospital or its agents to contact, obtain, and verify information in this application from previous employers, educational institutions, and references. I authorize and release those organizations and individuals to provide and release information sought by the Hospital or its agents.</p> <p>I understand that the Hospital is an equal employment opportunity employer, including that it is the policy of the Hospital not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of the individual's need for reasonable accommodation pursuant to the Americans with Disabilities Act, as amended. I understand and agree that I should report any violation of the Hospital's policies on equal employment opportunity and its policies prohibiting discrimination, harassment, and retaliation. If hired, I understand and agree I will comply with those policies and all applicable federal, state, or local law.</p> <p>I agree that if employed, employment with the Hospital is for no definite duration and may be terminated at will by either the Hospital or me. The Employee Handbook or other policies or procedures of the Hospital are not a contract and cannot create a contract of employment for any definite duration. I agree and understand that only the Chief Executive Officer of the Hospital has the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and signed by both parties.</p> <p>This certifies that this application was completed by me, and that all entries on it and information in it are true, correct, and complete, to the best of my knowledge.</p>	
Signature of Applicant	Date