

**J.C. BLAIR MEMORIAL HOSPITAL
APPLICATION FOR EMPLOYMENT**

Date: _____

This hospital is an equal opportunity employer. Federal and State laws prohibit discrimination in employment practices based on race, color, religion, sex, age, handicap, disability, national origin, or genetic information. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, handicap, disability, national origin, or genetic information.

1. Legal name _____
(last) (first) (middle initial)

Is any additional information relative to change of name, use of assumed name or nickname necessary to enable a check of your former employment, references, education or military service? _____

If yes, please explain _____

(last) (first) (middle initial)

2. Social Security Number _____ 3. Telephone Number _____

4. Present Address _____
Street City State Zip Code

5. If you cannot be reached at the above address/telephone number, where may we contact you? _____

6. Are you 18 years of age or older? Yes _____ No _____

7. Position applied for: First choice _____ Second choice _____
Full time _____ Part time _____ Temporary _____ Afternoons _____ Nights _____ Weekends _____ Rotate _____

8. State any hours and/or days that you are not available to work _____

9. If your application is considered favorably, on what date will you be available for work? _____

10. Were you previously employed by us? _____ if so, when? _____ What position? _____

11. Do you consider yourself to be able to perform all of the duties required by the job or jobs for which you are making application? _____

12. Do you consider yourself to be able to perform all of the duties required by the job or jobs for which you are making application without endangering other employees or patients? _____

13. Would you have adequate transportation to the hospital? _____

14. Were you previously employed by the Hospital's Medicare Intermediary or by the Commonwealth of Pennsylvania? _____

15. Professional training or degrees:		# Of		
Name and complete addresses of schools or institutions		Years Completed	Degree	Date Completed
_____		_____	_____	_____
_____		_____	_____	_____

16. Professional licenses and/or certifications:			
Type	State Issued	Date	Number
_____	_____	_____	_____
_____	_____	_____	_____

17. Honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying:

18. To your knowledge, are any current employees of J.C. Blair Memorial Hospital related to you in any way? If so, please list the name of the employee and their relationship to you.

Name _____ Relationship _____
Name _____ Relationship _____

19. Previous work experience: Give a complete record of all employment. Start with most recent employment.

Employer's name, address and telephone number _____

From _____ to _____ Position held _____ Last Salary _____
Name of Supervisor _____ Reason for leaving _____

("Previous work experience" continued on reverse side)

20. Previous work experience: (continued)

Employer's name, address and telephone number _____

From _____ to _____ Position held _____ Last Salary _____

Name of Supervisor _____ Reason for leaving _____

Employer's name, address and telephone number _____

From _____ to _____ Position held _____ Last Salary _____

Name of Supervisor _____ Reason for leaving _____

Employer's name, address and telephone number _____

From _____ to _____ Position held _____ Last Salary _____

Name of Supervisor _____ Reason for leaving _____

21. CHECK BELOW ANY CLERICAL EXPERIENCE:

- Accounts Payable
- Accounts Receivable
- Admitting
- Billing
- Cashier
- Clerk typist
- Filing
- Medical Secretary
- Medical Transcriber
- Multilith Operator
- Payroll
- P.E.X.
- Receptionist
- Stenographer

CHECK MACHINES YOU OPERATE:

- Adding Machine
- Bookkeeping Machine
- Calculator
- Dictaphone
- Typewriter Manual
- Typewriter Electric
- Other
- Typing speed WPM _____
- Shorthand Speed WPM _____

22. REFERENCES: Please do not list relatives or previous employers or persons you have known less than one year.

Name _____ Occupation _____ Phone Number _____

Address _____

Name _____ Occupation _____ Phone Number _____

Address _____

Name _____ Occupation _____ Phone Number _____

Address _____

23. MILITARY EXPERIENCE:

Have you ever served in the U.S. Armed Forces? _____ If so, which service? _____

What branch of that service? _____

Please state any training during military service which you consider related to the position for which you are applying: _____

Have you ever pleaded guilty to, or been convicted of, any violation other than a misdemeanor or summary offense? (Criminal conviction may be relevant if job related, but does not bar you from employment)

Yes _____ No _____ If yes, describe in full: _____

I understand that any offer of employment is contingent of a job related physical examination by a doctor selected by the organization and to which I hereby assent.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant the Hospital permission to verify such answers and investigate all references. I understand that any false statements on this application may be considered sufficient cause for rejection of this application or for dismissal if such false information is discovered subsequent to my employment. I authorize the employers, schools, or persons named above to give any information regarding my previous employment, character, general reputation and personal characteristics, together with any information they have regarding me whether or not it is in their records. I hereby release the employers, schools or persons and their agents from all liability for any damage for issuing this information and the Employer and its representatives for seeking such information. I understand that under Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by the Hospital of the nature and scope of any investigation requested by the Hospital of a consumer reporting agency. If this application for employment is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, the applicant understands that the Hospital shall so advise him or her, and shall supply the name and address of the consumer reporting agency making the report. In addition, if accepted for employment, I hereby agree to abide by the rules and regulations of the Hospital. I further agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the organization or myself. This is not a contract of employment. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Signed: _____ Date: _____

Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that in connection with your application for employment or contract, we may procure a consumer report on you as part of the process of considering your application. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Certiphi Screening, Inc.

This release and authorization shall remain valid and in effect during the term of your employment or contract. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Date Authorized Signature

Full Name _____

Date of Birth _____* Social Security #: _____

Driver's License #: _____ State of Issue: _____

Current Residence Address:

* Date of Birth required for background investigation purposes only, and will be used for no other purposes.

EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. This form is to be completed voluntarily and failure to do so will not have an effect on the application process.

Sex: (please check one):

- Male
- Female

Ethnic Group: (please check one):

- Hispanic or Latino – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups, found below)
- Non-Hispanic/Latino (if this category is checked, please select from the racial groups found below)

Racial Groups: If Non-Hispanic/Latino was selected above, please check one of the below race categories:

- White (Not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East
- Black or African American (Not of Hispanic origin): All persons having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian (Not Hispanic or Latino) – all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaskan Native (Not Hispanic or Latino) - all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment
- Two or More Races (Not Hispanic or Latino) – all persons who identify with more than one of the above races

Decline Self Identification: If you do not wish to self identify your gender, ethnicity or race please check the box below

- I do not wish to self identify

Thank you

This information is submitted voluntarily, will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance purposes, and will not influence the application or hiring process.