POCAHONTAS MEMORIAL HOSPITAL

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Please Print Legibly.

Date of Application: _____

Position(s) applied for: _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In
☐ Employment Agency ☐ Other_____

Name: _____

Address: _____

Telephone: _____ Social Security Number: _____-_____-_____

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If yes, give date_____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date_____

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No *Proof of citizenship or immigration status may be required upon employment.*

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ▣ Part Time ☐ Shift Work ☐ Temporary

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No
Conviction will not necessarily disqualify applicant from employment.

If yes, please explain: _____
_____

AN EQUAL OPPORTUNITY EMPLOYER/M/F/V/H

Veteran of the U.S. Military service? □ Yes □ No If yes, Branch_____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business, or civic activities and offices held. (You may exclude any that might indicate race, color, religion, sex, or national origin) _____

_____

_____

_____

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

_____

_____

_____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps:

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

□ Handicapped Individual □ Disabled Veteran □ Vietnam Era Veteran

Signed_____

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

Describe special-ized training, apprenticeship, skills, and extra-curricular activity.				

Honors Received: _____

_____

State any additional information you feel may be helpful to us in considering your application.

_____

Employment Experience

Employer #	Telephone	Dates Employed From	To	Work Performed
Address				
Job Title				
Supervisor				
Reason for Leaving				
Employer #	Telephone	Dates Employed From	To	Work Performed
Address				
Job Title				
Supervisor				
Reason for Leaving				
Employer #	Telephone	Dates Employed From	To	Work Performed
Address				
Job Title				
Supervisor				
Reason for Leaving				
Employer #	Telephone	Dates Employed From	To	Work Performed
Address				
Job Title				
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

E-mail address:

Special Skills and Qualifications

Summarize special skills and qualification acquired from employment or other experience: _____

_____

_____

_____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not – and is not intended to be – a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____ _____

Signature of applicant *Date*

For Personnel Department Use Only

Arrange Interview □ Yes □ No

Remarks_____

_____ _____

INTERVIEWER DATE

Employed □ Yes □ No Date of Employment_____

Job Title _____ Hourly Rate/Salary_____ Department_____

By_____ _____

NAME & TITLE DATE

Authorization to Release Information

Pocahontas Memorial Hospital
150 Duncan Road
Buckeye, WV 24924
(304) 799-7400

I, _____ authorize Pocahontas Memorial Hospital to make a thorough investigation of my past employments and all other facts within my application for employment, and release from liability or responsibility all persons, places of business, and municipalities supplying such information.

_____ _____

Signature of applicant *Date*