



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Last Name (print)	First Name	Initial	Other Name(s) under which attended school or were employed
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Present Address - Number Street	City	State	Zip
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Permanent Address - Number Street	City	State	Zip
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Telephone:	Cell No.:	Email:
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Have you ever worked for Van Wert County Hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate)	Separation Date:	U.S. Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes
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Are you eligible to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you been convicted of or pleaded no contest to a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ City _____ State _____ Offense _____ Disposition _____
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If you are under age 18, do you have an employment certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes	
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EDUCATIONAL, SPECIAL INTEREST, QUALIFICATIONS

Education	Total Credit Years	School Name	City	State	Course Major/Minor	Certificate Diploma Degree	Grade Average
Grade /High School (last attended)							
Business/ Trade School							
College(s) Post Graduate Education		1. _____ 2. _____ 3. _____ 4. _____					

Skills and Qualifications:

Professional License(s): _____

Special Skills, Training: _____

List positions qualified for or interested in: 1. _____ 2. _____ 3. _____ 4. _____	Please circle shifts available to work: 1st 2nd 3rd <hr/> Date you can begin: <hr/> Expected Rate/Salary:	Are you willing to work 12hr shifts? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Work Experience

Additional instructions: List employment starting with your most recent employer. Account for all periods including military service, hospital service, and periods of unemployment. If the space provided does not cover at least seven years, attach an additional sheet or a completed

From:	To:	Employer	Phone
Job Title:		Address	
Immediate Supervisor and Title		Nature of the work and responsibilities	
Reason for leaving		Hourly Rate/Salary	

From:	To:	Employer	Phone
Job Title:		Address	
Immediate Supervisor and Title		Nature of the work and responsibilities	
Reason for leaving		Hourly Rate/Salary	

From:	To:	Employer	Phone
Job Title:		Address	
Immediate Supervisor and Title		Nature of the work and responsibilities	
Reason for leaving		Hourly Rate/Salary	

May we contact your present employer? No Yes

Read Carefully Before Signing: I certify that the statements contained herein are true and complete. I understand that false or incomplete statements herein, or in any resume I have supplied, are grounds of the application or dismissal from employment in the event employment has already commenced, regardless of when the false or incomplete information is discovered. I further understand that this application for employment and, if hired, any handbooks, policies, or procedures provided by the hospital for my use, shall not constitute a contract of employment; and that I may voluntarily leave employment, with proper notice, or may be terminated by the hospital at any time and for any reason. I agree that a thorough investigation of my background may be made and used relative to my employment status. I authorize my former employers and any other person or organization to provide current and accurate information about my background, and I release all concerned from any liability in connection therewith. If employment is offered, I understand that such offer is conditional upon the results of a physical examination.

Applicant's Signature

Date

#6620002 Orig: Unknown Revised: 12/13

WPCO - 419-238-3615

Van Wert County Hospital | 1250 South Washington Street | Human Resources 419-238-8656

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