

Application for Employment

EQUAL OPPORTUNITY EMPLOYER

PRINT CLEARLY IN BLACK OR BLUE INK. COMPLETE APPLICATION IN ITS ENTIRETY.

Last Name	First	MI	Other name(s) under which attended School or were Employed
Present Address - Number and Street		City	State Zip
Permanent Address - Number and Street		City	State Zip
Telephone	Cell	Email	
Have you ever worked for Van Wert Health? <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate)		Separation Date	U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes
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 _____	
If you are under age 18, do you have an employment/age certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes		*Answering Yes to the above will not automatically disqualify you from consideration for employment. Offense _____ Disposition _____	

If you are hired, we will require proof of having received the COVID-19 vaccine or have a valid religious/medical reason not to be vaccinated. _____
 Initial Above

EDUCATIONAL, SPECIAL INTERESTS, QUALIFICATIONS

Education	Total Credit Years	School Name	City	State	Course Major/Minor	Certificate Diploma Degree	Grade Average
Grade - High School (Show 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	Are you willing to work 12 hour shifts? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date you can begin	
	Expected Rate/Salary	

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 RESUME.

WORK EXPERIENCE

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

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Job Title		Address	
Immediate Supervisor and Title		Nature of the work and responsibilities	
Reason for leaving			
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Job Title		Address	
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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 for rejection 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