



100 Dawn Lane • Waverly, Ohio 45690

Phone: (740) 947-6312 Fax: (740) 947-6558

Date Applying

Application For Employment
An Equal Opportunity Employer

Positions Applying For/Department
(1) _____
(2) _____

Personal Identification

Name (Last)	(First)	(MI)	Social Security Number
Address			Phone Number
City	State	Zip Code	Alternate Phone or Cell Number
Email Address			

Licensing Information (If Applicable)

If the position for which you are applying requires a LICENSE or CERTIFICATE (other than a drivers license) please submit the following information:

Licensing Agency	License Expiration Date	License/Certificate Number
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Work Information

Date Available to work	Wage expected	___ Full Time ___ Part Time ___ Cont/PRN
Shift you can work: _____ Days _____ Nights _____ Weekends _____ Any		
How did you learn of this opening?	Please list any relative working here	
Have you ever worked at PCH before? ___ No ___ Yes (If YES, When?)		
Are you on lay-off or subject to recall by another employer? _____ No _____ Yes (if YES, Where?)		

Emergency Information

In case of an emergency, notify:	Relationship:
Address:	Phone Number:

Education

Name of Institution	Location (City, State)	Dates Attended	Graduated?	Degree	Major
High School:			<input type="checkbox"/> Yes		
College:			<input type="checkbox"/> Yes		
Other:			<input type="checkbox"/> Yes		
Other:			<input type="checkbox"/> Yes		

Additional Information:

Personal

Have you ever been convicted of a felony: No Yes (If YES, please explain below)

Note: A conviction will not necessarily bar you from employment. Each conviction will be judged on its merits and consideration given to time, circumstances, and seriousness. If Yes, provide details including date and circumstances of each conviction. Use an additional sheet(s) if necessary.

Are you a U.S. Citizen? Yes No Visa What type: _____

Have you ever served in the U.S. Military? Yes No Branch: _____ From: _____ To: _____

Age: Under 18 Over 18

Do you have immediate relative(s) working at Pike Community Hospital Yes No

If Yes, are they working in the department for which you are applying? Yes No

If Yes, please list their name _____

Work Experience

Employer	Dates Employed	Job/Position	Job/Position Details
Name Address Phone () -	From To	Title Ending Payrate	Immediate Supervisor Reason For Leaving
Name Address Phone () -	From To	Title Ending Payrate	Immediate Supervisor Reason For Leaving
Name Address Phone () -	From To	Title Ending Payrate	Immediate Supervisor Reason For Leaving
Name Address Phone () -	From To	Title Ending Payrate	Immediate Supervisor Reason For Leaving

FOR ADDITIONAL EMPLOYMENT HISTORY PLEASE ATTACH SEPARATE SHEET

May we contact Employers listed above for a reference? Yes No

Other names you have worked under:

Referred By:

References

(Please do not include family members or friends)

REFERENCES - Indicate names of persons we may contact to verify your qualifications for the position

Name _____ Occupation _____

Organization _____ Phone _____

Email _____ Yrs Known _____

Name _____ Occupation _____

Organization _____ Phone _____

Email _____ Yrs Known _____

Name _____ Occupation _____

Organization _____ Phone _____

Email _____ Yrs Known _____

WRITTEN INTERVIEW

MISSION

1. The Mission of Pike Community Hospital: **"High Quality, Compassionate Healthcare; Accessible to the Community; Committed to Excellence; Respectful of each Individual; and Founded on Service to Others."**
After reading our mission statement, if employed how do you think you could contribute to the service and mission of PCH?

CORE VALUES

2. Pike Community Hospital's CORE VALUES are: Excellence, Compassion, Trust, Respect and Teamwork.
Which of the above Core Values best describes you personally? (please explain)

PAST EMPLOYMENT

3. If we were to talk with one of your former supervisors/managers how would he/she describe you as an employee? (please explain)

4. Have you been a member of a work group or team before? If yes, please give examples of your contributions.

AUTHORIZATION

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge. Incomplete and/or inaccurate information constitutes falsification of this application. I hereby grant the hospital permission to verify such answers and further understand that any false statement on this application may result in rejection of the application, or my dismissal if such false statement is discovered subsequent to my employment. An extended offer of employment is contingent upon my willingness to undergo a physical examination and/or the associated examination and tests that may be prescribed by PCH. I recognize just as I am free to leave my employment at will, the hospital retains the right to terminate my employment at will. I agree to provide any additional information required for the Hospital’s records and to comply with all hospital policies, rules, and regulations. I understand that neither this application, the Employee Handbook, nor any other document or oral representation shall be construed to modify the at-will employment relationship. I understand that my status as an at-will employee will not change during the period of employment.

DRUG SCREENING AGREEMENT

I understand and agree that any offer of employment to me by Pike Community Hospital is contingent upon the outcome of drug testing, to be arranged at the Hospital’s expense. I agree to supply a specimen of my urine for analysis as part of the Hospital’s drug screening program. I understand that if I fail to pass the pre-employment drug screen, e.g., if my urine specimen is positive for controlled substances or if my urine specimen shows any evidence of adulteration or substitution, I will be disqualified from further employment consideration with PCH. I further understand and agree that my failure or refusal to sign this Drug Screening Agreement or failure to provide said specimen for analysis at the time requested will also disqualify me from further employment consideration with PCH. I further understand that if I am a registered nurse and I fail to pass the pre-employment drug screen, I hereby authorize the results of this failed test to be given to the Ohio Board of Nursing.

DISCLOSURE

NOTE: If offered employment by Pike Community Hospital, the information which you provide is in no way intended to nor should it impact or affect your eligibility to participate in any health care, insurance, or retirement benefits which may be offered by PCH. If you have any questions regarding the information, which you are being asked to provide, please ask a Human Resources representative for clarification.

- 1) Have you ever been investigated or suspended by any licensing board? ___Yes ___No
- 2) Are you being investigated now or is an investigation pending? ___Yes ___No
- 3) Have you ever been sanctioned or excluded from participating in any private, Federal, or state health insurance program (for example: Medicare, Medicaid, and Champus)? ___Yes ___No

If you answered “Yes” to any of the these questions, please provide full explanation regarding the action(s) including dates. Use the back of this sheet and/or additional sheets if necessary.

NOTICE: All applicants are subject to a background data base search using Hirease, Inc. prior to and/or after hiring. If you are applying to Pike Community Hospital, we are required by law to make a Criminal Conviction check prior to placement in a direct care position.

APPLICANT AUTHORIZATION

To Whom It May Concern: I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I agree that a photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application, which I sign. I further authorize all past employers, persons, institutions, organizations, companies and all references to furnish all pertinent information known to them about me, whether of record or not, concerning my ability, character, reputation and previous employment record. I release all such persons and parties from any liability or damages whatsoever incurred for issuing such information. I understand that conditions may require me to work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or administrator of this organization.

Certain positions, as indicated as a requirement in the Job Description, may require additional on-hire and periodic screening.

APPLICATIONS THAT ARE NOT COMPLETELY FILLED OUT WILL NOT BE CONSIDERED.

All qualified applications will receive consideration without regard to race, color, religion, sex, national origin, age, handicap, or veteran status. Please read carefully and make sure your application is complete before signing below:

Signature _____

Printed Name: _____ DATE _____