

Hardin Memorial Hospital is an Equal Opportunity Employer

Hardin Memorial Hospital shall ensure Equal Employment Opportunity in the workplace without regard to race, religion, color, national origin, age, sex, disability, veteran status or other characteristics protected by applicable law. All hospital actions affecting prospective or current employees such as recruitment, selection, placement, training, testing, promotion, demotion, transfer, layoff, recall, discipline, termination and all employee benefits and compensation are administered in a non-discriminatory manner.

GENERAL INFORMATION											
NAME (FIRST, MIDDLE INITIAL, LAST)			ADDRESS				CITY		STATE	ZIP	
RESIDENCE PHONE #		PAGER # OR DAY TIME PHONE # WHERE YOU CAN BE REACHED			E-MAIL ADDRESS		SOCIAL SECURITY #		HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list date, charges and locations)		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> No <input type="checkbox"/> Yes	HOW DID YOU HEAR ABOUT EMPLOYMENT AT OHIOHEALTH? <input type="checkbox"/> Internet <input type="checkbox"/> Walk-In <input type="checkbox"/> Job Phone Line <input type="checkbox"/> Radio Newspaper (NAME) _____ Employee (NAME) _____										
HAVE YOU EVER FILLED OUT AN APPLICATION WITH OHIOHEALTH, GRANT, RIVERSIDE, OR DOCTORS HOSPITAL? <input type="checkbox"/> No <input type="checkbox"/> Yes Date and name, if different _____ Location: _____					HAVE YOU PREVIOUSLY BEEN EMPLOYED AT ANY OHIOHEALTH ENTITY? <input type="checkbox"/> No <input type="checkbox"/> Yes Date and name at termination: _____ Location: _____						
DO YOU HAVE ANY RELATIVES EMPLOYED AT OHIOHEALTH? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list date and name, if different) _____ Location: _____					DATE AVAILABLE TO WORK: <input type="checkbox"/> No <input type="checkbox"/> ASAP <input type="checkbox"/> Other (Please supply date) _____						
JOB INTEREST											
ARE YOU AVAILABLE TO WORK:					ARE YOU AVAILABLE TO WORK:						
DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes		EVENINGS? <input type="checkbox"/> No <input type="checkbox"/> Yes		NIGHTS? <input type="checkbox"/> No <input type="checkbox"/> Yes		WEEKENDS? <input type="checkbox"/> No <input type="checkbox"/> Yes		HOLIDAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes		SUMMER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
FULL TIME? <input type="checkbox"/> No <input type="checkbox"/> Yes					PART TIME? <input type="checkbox"/> No <input type="checkbox"/> Yes		CONTINGENT? <input type="checkbox"/> No <input type="checkbox"/> Yes		TEMPORARY? <input type="checkbox"/> No <input type="checkbox"/> Yes		
PRIMARY AREA OF INTEREST: (CHECK ONE) <input type="checkbox"/> RN <input type="checkbox"/> Clerical <input type="checkbox"/> Patient Care <input type="checkbox"/> Management <input type="checkbox"/> LPN <input type="checkbox"/> Service <input type="checkbox"/> Technical <input type="checkbox"/> Professional <input type="checkbox"/> Other _____							SALARY REQUIREMENTS				
POSITION DESIRED (FIRST CHOICE): Title: _____ Dept: _____					POSITION DESIRED (SECOND CHOICE): Title: _____ Dept: _____						
ARE YOU ABLE TO PERFORM WITH OR WITHOUT A REASONABLE ACCOMMODATION, THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING AS THOSE FUNCTIONS ARE OUTLINED IN THE JOB DESCRIPTION? <input type="checkbox"/> No <input type="checkbox"/> Yes											
EDUCATION & TRAINING											
SKILLS I HAVE ACQUIRED, WHICH WOULD BE USEFUL IN DESIRED POSITION:											
HIGH SCHOOL:		YOUR NAME AT TIME OF GRADUATION:			CITY/STATE:			DIPLOMA/DEGREE? <input type="checkbox"/> No <input type="checkbox"/> Yes		EQUIVALENT? <input type="checkbox"/> No <input type="checkbox"/> Yes	
COLLEGE:		YOUR NAME AT TIME OF GRADUATION:			CITY/STATE:			DIPLOMA/DEGREE? <input type="checkbox"/> No <input type="checkbox"/> Yes Name _____		DATE BEGIN:	DEGREE / MAJOR:
OTHER:		YOUR NAME AT TIME OF GRADUATION:			CITY/STATE:			DIPLOMA/DEGREE? <input type="checkbox"/> No <input type="checkbox"/> Yes Name _____		DATE BEGIN:	DEGREE / MAJOR:
PROFESSIONAL LICENSES & REGISTRATIONS HELD:							REGISTRATION #:		STATE:	EXPIRATION DATE:	
MILITARY SERVICE:				TYPE:		SPECIAL TRAINING:			FROM:	TO:	

* SUPPLEMENTAL APPLICATION FORMS ARE AVAILABLE IF YOU NEED MORE SPACE. IF YOU WORKED FOR A TEMPORARY AGENCY, LIST THE AGENCIES AND ALL LOCATIONS WORKED.

Name _____ S.S. # _____ Date _____

PLEASE DO NOT USE "SEE RESUME." STARTING WITH THE CURRENT OR MOST RECENT, LIST BELOW ALL CURRENT AND PREVIOUS EMPLOYMENT, INCLUDING MILITARY SERVICE.
 IMPORTANT: LIST EVERY EMPLOYMENT WHETHER OR NOT IT SEEMS RELEVANT. IF GAPS OCCURRED BETWEEN PERIODS OF EMPLOYMENT, GIVE DATES AND REASON FOR UNEMPLOYMENT.

EMPLOYMENT HISTORY (BEGINNING WITH CURRENT OR MOST RECENT)				
START DATE MONTH YEAR	COMPANY NAME: STREET ADDRESS: CITY / STATE / ZIP:	DEPARTMENT: NAME AND TITLE OF SUPERVISOR: PHONE: ()	POSITION TITLE AND BRIEF DESCRIPTION OF JOB DUTIES:	REASON(S) FOR LEAVING:
END DATE MONTH YEAR	PHONE: () YOUR NAME DURING EMPLOYMENT IF DIFFERENT: _____	FINAL SALARY: PER: <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	MAY WE CHECK REFERENCES WITH CURRENT EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES
START DATE MONTH YEAR	COMPANY NAME: STREET ADDRESS: CITY / STATE / ZIP:	DEPARTMENT: NAME AND TITLE OF SUPERVISOR: PHONE: ()	POSITION TITLE AND BRIEF DESCRIPTION OF JOB DUTIES:	REASON(S) FOR LEAVING:
END DATE MONTH YEAR	PHONE: () YOUR NAME DURING EMPLOYMENT IF DIFFERENT: _____	FINAL SALARY: PER: <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
START DATE MONTH YEAR	COMPANY NAME: STREET ADDRESS: CITY / STATE / ZIP:	DEPARTMENT: NAME AND TITLE OF SUPERVISOR: PHONE: ()	POSITION TITLE AND BRIEF DESCRIPTION OF JOB DUTIES:	REASON(S) FOR LEAVING:
END DATE MONTH YEAR	PHONE: () YOUR NAME DURING EMPLOYMENT IF DIFFERENT: _____	FINAL SALARY: PER: <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
START DATE MONTH YEAR	COMPANY NAME: STREET ADDRESS: CITY / STATE / ZIP:	DEPARTMENT: NAME AND TITLE OF SUPERVISOR: PHONE: ()	POSITION TITLE AND BRIEF DESCRIPTION OF JOB DUTIES:	REASON(S) FOR LEAVING:
END DATE MONTH YEAR	PHONE: () YOUR NAME DURING EMPLOYMENT IF DIFFERENT: _____	FINAL SALARY: PER: <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	

PERSONAL REFERENCES		
NAME (NOT A RELATIVE; KNOWN 5 YEARS OR LONGER)	OCCUPATION	DAY TIME PHONE NUMBER
NAME (NOT A RELATIVE; KNOWN 5 YEARS OR LONGER)	OCCUPATION	DAY TIME PHONE NUMBER

STATEMENT OF AGREEMENT AND AUTHORIZATION	
I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND ACCURATE. I UNDERSTAND THAT ALL APPLICATION INFORMATION WILL BE VERIFIED AND THAT FALSE STATEMENTS OR OMISSIONS WILL BE CONSIDERED GROUNDS FOR IMMEDIATE DISMISSAL. I UNDERSTAND THAT IF EMPLOYED I MUST BECOME FAMILIAR WITH AND ABIDE BY ALL POLICIES OF OHIOHEALTH AND THAT, BASED UPON OPERATIONAL NEEDS, SCHEDULED DAYS AND HOURS ARE SUBJECT TO CHANGE. I FURTHER UNDERSTAND THAT EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY COMPLETION OF THE BACKGROUND INVESTIGATION AND A PRE-EMPLOYMENT HEALTH ASSESSMENT WHICH WILL INCLUDE A DRUG SCREEN. I STATE MY UNDERSTANDING THAT I WOULD NOT BE HIRED UNDER AN EMPLOYMENT CONTRACT AND NO MANAGER OR OFFICER OF OHIOHEALTH HAS THE AUTHORITY TO ENTER INTO ANY TYPE OF EMPLOYMENT CONTRACT WITH ME.	
I HEREBY GIVE MY PERMISSION FOR CURRENT AND PRIOR EMPLOYERS TO RELEASE INFORMATION CONCERNING MY EMPLOYMENT HISTORY.	
SIGNATURE	DATE