

Human Resources
 (814) 226-1263
 Fax: (814) 226-1265

Clarion Hospital
 One Hospital Drive
 Clarion, PA 16214



APPLICATION FOR EMPLOYMENT

Clarion Hospital is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, ancestry, age, disability, veteran status, or any other status protected by federal, state, or local law.

Name: _____ Today's Date: _____
Last First Middle

Address: _____ Phone: () _____
 _____ Alternate Phone: () _____
 _____ Social Security #: _____

Job Data	Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever worked or attended school under another name? If "Yes", and you become employed by Clarion Hospital, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please list other names. _____
	Position for which you are applying? 1 st Choice _____ 2 nd Choice _____ Salary Requirement: \$ _____ <p style="text-align: center;"><u>Please check ALL the times you are available:</u></p> Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No Rotate <input type="checkbox"/> Yes <input type="checkbox"/> No Seasonal (if so, when) _____ Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No Days <input type="checkbox"/> Yes <input type="checkbox"/> No Afternoons <input type="checkbox"/> Yes <input type="checkbox"/> No Nights <input type="checkbox"/> Yes <input type="checkbox"/> No Date available to begin work? _____ Have you previously applied for employment here? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when? _____ Were you ever employed by us previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when and in what position? _____ Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. <i>(A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position(s) for which you are applying may be taken into consideration).</i> If "Yes", please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction: _____
Special Skills	Typing Speed: _____/WPM Shorthand Speed: _____/WPM Tools Used: _____ Other (include equipment operated) _____ _____ _____ Computer Hardware/Software Training/Experience: _____ _____ _____

Education		Complete Address	Academic Major	Years Complete	Degree	Grade Avg
	Last Elementary School _____					
	Last High School _____					
	Jr College / College _____					
	Nursing School / Technical / Vo-Tech / Other _____					
	Nursing School / Technical / Vo-Tech / Other _____					
Other details of experience or training, including information on adult education programs		School	Course	Degree or Certificate		
Currently taking course? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	What Course?	Anticipated date of completion?		

Professional Licenses and/or Certificates	Type: _____ State Issued: _____ Date: _____ No.: _____
	Type: _____ State Issued: _____ Date: _____ No.: _____
	Type: _____ State Issued: _____ Date: _____ No.: _____
	Type: _____ State Issued: _____ Date: _____ No.: _____

References	Referred by: <input type="checkbox"/> Hospital Employee _____ <input type="checkbox"/> Newspaper Ad		
	<input type="checkbox"/> Website <input type="checkbox"/> Radio Ad <input type="checkbox"/> Bulletin Board		
	<input type="checkbox"/> No Referral (walk in) <input type="checkbox"/> Other: _____		
	Do not list relatives, previous employers, or anyone you have known for less than one year.		
	Personal or Professional References	Address	Phone
1.			
2.			
3.			

Work Experience	Dates Employed From / / To / /	Name of Employer	Name of Supervisor	Your Position
		Address	Telephone Number	Your Starting Salary
		City, State, and Zip	Reason for Leaving	Your Finish Salary
		Job Duties		
	Dates Employed From / / To / /	Name of Employer	Name of Supervisor	Your Position
		Address	Telephone Number	Your Starting Salary
		City, State, and Zip	Reason for Leaving	Your Finish Salary
		Job Duties		
	Dates Employed From / / To / /	Name of Employer	Name of Supervisor	Your Position
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		City, State, and Zip	Reason for Leaving	Your Finish Salary
		Job Duties		
	Dates Employed From / / To / /	Name of Employer	Name of Supervisor	Your Position
		Address	Telephone Number	Your Starting Salary
		City, State, and Zip	Reason for Leaving	Your Finish Salary
		Job Duties		

May we contact all of your past Employers and present Employer at this time? Yes No

If "No", please explain: _____

APPLICANT'S CERTIFICATION
PLEASE READ CAREFULLY BEFORE SUBMITTING

My signature below indicates that I have read and agree to the following:

1. I understand that this application is not a contract, offer or promise of employment. By filling out this application, I am genuinely interested in working for Clarion Hospital and I understand that an offer of employment may be subject to receipt of satisfactory reports and the accuracy of all pre-employment information I have supplied. If employed, I acknowledge that my employment with Clarion Hospital is on an at-will basis. I am free to terminate my employment with Clarion Hospital at any time, for any reason. Similarly, Clarion Hospital is free to terminate our employment relationship at any time, with or without cause or advance notice. Acceptance of employment is not a contract of employment for any specified time.
2. If employed, I will be required to abide by Clarion Hospital's rules and regulations, consistent with applicable federal, state and local law. I understand that Clarion Hospital has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent allowed by federal or state law, except that it will not modify its policy of employment at-will. By my continued employment with Clarion Hospital, I consent to any changes.
3. I hereby authorize Clarion Hospital or its agents to verify all statements contained in this application and/or resume to the extent permitted by federal, state or local law. (Federal law and some state law require a separate disclosure and consent form when obtaining consumer credit reports.) To the extent permitted by federal, state or local law, I release all parties from any liability arising out of the provision and the use of such information.
4. I understand that after a conditional offer of employment, I will be required to undergo and satisfactorily pass a medical examination. I also understand that Clarion Hospital may have a drug and/or alcohol testing program consistent with applicable federal, state and local law. If Clarion Hospital has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the employer's conditions requiring a drug and alcohol-free workplace. I also understand that all employees of the location, pursuant to the employer's policy and/or federal, state and local law, may be subject to urinalysis, breath, blood screening and/or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of drug and/or alcohol tests is a condition of continual employment and I agree to undergo such testing consistent with Clarion Hospital's policies and applicable federal, state and local law.
5. I understand that proof of citizenship or immigration status will be required upon employment.
6. I understand that any employment with Clarion Hospital will commence with a 90-day introductory period. I agree that if employed, I will abide by Clarion Hospital's rules and regulations at all times.
7. I understand that no employment application, handbook, memorandum, policy manual or policy statement currently in existence or hereafter issued by Clarion Hospital may alter the voluntary nature of my employment with Clarion Hospital and that Clarion Hospital may terminate the employment relationship at any time whenever it is in the best interest of Clarion Hospital to do so.
8. I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.
9. I affirm that I have never been sanctioned, cited, reported, or excluded from participation in Medicare, Medicaid, or any other healthcare related law or regulation

I understand that neither this document, nor any other document or letters received by me during my employment with Clarion Hospital, nor any offer of employment from Clarion Hospital, nor any statement made by a Clarion Hospital agent or representative constitute an employment contract, unless agreed to in a specific document to that effect by Clarion Hospital and me in writing.

Signature of Applicant _____

Date _____

FOR HR USE

Date to start work _____ Dept _____ Position _____

F.T. _____ P.T. _____ Shift _____ Hrs per Week _____ Rate _____ FTE _____

Dept. Head Signature _____



Clarion Hospital

Clarion Hospital is committed to a policy of equal opportunity in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws and regulations at the federal, state and local levels. This information will only be used to assist us in fulfilling Equal Opportunity requirements to determine race, gender, disability, and veteran status of applicants as a group for each job position. Submission of this information is completely voluntary and refusal to provide it will not subject you to any adverse treatment.

Date: _____

Position Applied For: _____

Name: _____

I do not wish to Self-Identify

Gender: (check one gender box only) Female Male

Race/Ethnicity: (check one race/ethnic box only)

- White – Not of Hispanic origin – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black – Not of Hispanic origin – All persons having origins in any of the Black racial groups of Africa.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian – All persons having origins in any of the original people of the Far East, southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

VETERANS STATUS: please complete if you served in any branch of the U.S. military
(See definitions on the next page.)

- Not Applicable Special Disabled Veteran Vietnam Era Veteran
 Newly Separated Veteran Other Protected Veteran

DISABILITY: Defined as a person who (A) has a physical or mental impairment which substantially limits one or more major life activities; (B) has a record of such impairment; or (C) is regarded as having such impairment.

- Yes No

SPECIAL NOTICE TO VIETNAM ERA VETERANS AND OTHER COVERED VETERANS:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974, as amended, are required to take affirmative action to employ and advance in employment veterans of the Vietnam Era and other protected veterans. Regulations issued by the U.S. Department of Labor with respect to Vietnam Era veterans and other protected veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Special Disabled Veteran - (A) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.

Vietnam Era Veteran - A veteran: (A) who served on active duty in the U.S. military, ground, naval or air service of the United States for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in any other location; or (B) who was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability, if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in any other location.

Newly Separated Veteran - Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

Other Protected Veteran - Any other veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix A. A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for your area code for the nearest OPM location. For those with Internet access, the information required to make this determination also is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>.