



This hospital is an equal opportunity/affirmative action employer under executive Order 11246 and the Pennsylvania Contract Compliance Regulations; Under the Rehabilitation Act of 1973 and the Vietnam Era Veterans Act. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, age, sex, national origin, ancestry, or non-job related handicap.

**APPLICATION FOR EMPLOYMENT**

*(Please Print)*

Positions(s) Applied For \_\_\_\_\_ Application Date \_\_\_\_\_

Expected Salary \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Would you be willing to accept Temporary Employment? \_\_\_\_\_

Are you willing to work all Shifts? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, state those that are NOT acceptable \_\_\_\_\_

If your application is considered favorably, on what date will you be available to work? \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If so, when? \_\_\_\_\_

How did you hear about us?  Job Site (Monster/Career Link) \_\_\_\_\_  Walk-In

Employee Referral \_\_\_\_\_  Other \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Other names now or previously used \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Alternate Telephone Number (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_

(where you may be contacted during normal business hours or where a message can be left for you)

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever pled guilty or been convicted of a crime other than a misdemeanor or summary offense  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

List any of your relatives who work for Ohio Valley General \_\_\_\_\_

**EDUCATION**

High School or GED: Number of Years Completed (Please circle the highest ) 1 2 3 4  
School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

High School Diploma: Yes \_\_\_\_\_ No \_\_\_\_\_

College: Number of Years Completed (Please circle the highest) 1 2 3 4  
School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Major \_\_\_\_\_ Degree Earned/Expected \_\_\_\_\_ Year Earned \_\_\_\_\_

**OTHER TRAINING OR DEGREES**

School (s) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Course \_\_\_\_\_ Diploma/Degree Earned/Expected \_\_\_\_\_ Year Earned \_\_\_\_\_

Current employment license, registration or certification number (s) \_\_\_\_\_

From which state/commonwealth or accrediting organization? \_\_\_\_\_

Expiration Date, if any \_\_\_\_\_

Please state any training, experience, education, or any other facts which particularly qualify you for the job(s) for which you are applying. Include capabilities on any business machines \_\_\_\_\_

Have you lived outside the State of Pennsylvania within the last two years?

**EMPLOYMENT**

List most recent employer first. Include U.S. military service.

DATE MONTH & YEAR	NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER (Include Zip Code)	SALARY	POSITION	REASON FOR LEAVING
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ May we contact your current employer? Yes \_\_\_\_ No \_\_\_\_  
May we contact all other employers listed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been discharged by a previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

If the job(s) for which you are applying require (s) a bond, state if you have ever been bonded.  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If you have been bonded, list the jobs for which you were bonded: \_\_\_\_\_  
If you have been refused a bond, please describe in detail: \_\_\_\_\_

**REFERENCES**

List two professional references that we may contact in regards to your employment:

1. \_\_\_\_\_ telephone number  
Name/Occupation
2. \_\_\_\_\_ telephone number  
Name/Occupation

**PLEASE COMPLETE THIS APPLICATION BY READING AND SIGNING THE NEXT PAGE.**



**APPLICATION**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT) Date \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Referral Source:     Advertisement     Friend     Relative     Walk-In  
                            Employment Agency                     Other \_\_\_\_\_

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
           Last                    First                    Middle

Address \_\_\_\_\_  
           Number            Street                    City                    State                    Zip Code

**Affirmative Action Survey**

Government agencies require periodic reports on the sex, ethnicity, handicap and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about disabilities is voluntary.

Check one:     Male             Female

Check one of the following:

Race/Ethnic Group:     White             Black/African-American     Hispanic/Latino  
                                    Amer/Alaska Indian             Asian             Hawaiian/Pac Island  
                                    Two or more

Check if any of the following are applicable:

Vietnam Era Veteran             Disabled Veteran             Individual with a Disability



**PLEASE READ CAREFULLY BEFORE SIGNING**

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

1. I hereby certify that the information I have provided in this employment application is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false information provided or any relevant information omitted (no matter when discovered) could result in the termination of my employment.
2. I authorize and instruct Ohio Valley Hospital - Senior Living at The Willows to make whatever inquiries it deems necessary of any person or organization, including other employees, to verify any of the information I have provided in this application and to determine my qualifications and abilities.
3. In exchange for Ohio Valley Hospital - Senior Living at The Willows agreement to receive, process and consider my application for employment, I hereby release Ohio Valley Hospital from any and all claims or causes of action arising out of Ohio Valley Hospital - Senior Living at The Willows verification of the information I have provided in this application and/or its determination of my qualifications and abilities.
4. I understand that as part of Ohio Valley Hospital - Senior Living at The Willows procedure for processing employment applications, an investigation and/or a report may be made by a consumer reporting agency in the process of which information sources, friends, neighbors, or others with whom I have been acquainted. This inquiry may include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I hereby authorize Ohio Valley Hospital - Senior Living at The Willows to have such an investigation and/or report made. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by Ohio Valley Hospital - Senior Living at The Willows of the nature and scope of the investigation requested. If this application for employment is denied either wholly or partly because of information contained in a consumer reporting agency, I understand that Ohio Valley Hospital - Senior Living at The Willows shall so advise me and shall supply me with the name and address of the consumer reporting agency making the report.
5. I understand that employment at Ohio Valley Hospital - Senior Living at The Willows continues only as long as the employee and Ohio Valley Hospital - Senior Living at The Willows both wish to continue. I understand that, if I am hired by Ohio Valley Hospital - Senior Living at The Willows, either I or Ohio Valley Hospital - Senior Living at The Willows may terminate my employment at any time for any or no reason. I further understand that any modification of this arrangement must be reduced to writing and signed by me and an administrative representative of Ohio Valley Hospital - Senior Living at The Willows.
6. I understand that employment at Ohio Valley Hospital - Senior Living at The Willows may be contingent on my signing a Confidentiality and Conflict of Interest Agreement and I will do so upon hire or after, if requested.
7. I consent to the written release of scholastic data to the Ohio Valley Hospital - Senior Living at The Willows.
8. I understand that employment at The Willows is contingent on satisfactory passing a post-offer drug screen, criminal background check, two-step TB test and any other medical examination which may be required.

Date \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE NOTE:** We will be happy to explain any of the above statements that are unclear to you prior to you signing this release. PLEASE ASK FOR ASSISTANCE IF YOU DO NOT UNDERSTAND THE INFORMATION CONTAINED IN THE (8) POINTS LISTED ABOVE.