



GRAFTON CITY HOSPITAL APPLICATION FOR EMPLOYMENT

We are pleased to receive your employment application. You are applying for a position as an employee-at-will. This means that if you are hired, you may leave your employment with Grafton City Hospital at any time, and Grafton City Hospital may terminate your employment at any time. You will not have a contract of employment, and nothing in Grafton City Hospital's written policies, handbooks or other documents will create any contractual obligation on the part of the Hospital. As an Equal Opportunity Employer, we will review and consider your application as follows:

COMPLETE APPLICATION AND OTHER FORMS IN FULL

It is essential that you complete the attached forms thoroughly and accurately. If more space is needed, attach additional sheets or include your resume. A complete application enables us to accurately assess your qualifications for the position for which you have applied. An incomplete application may be disqualified from further consideration.

HOW YOUR APPLICATION IS PROCESSED

Your completed application form will be given to the appropriate Employment Representative for review and evaluation. Although Grafton City Hospital is not obligated to interview you by acceptance of your application, our screening process is designed to ensure a professional evaluation of your qualifications. Because of the large number of applications we receive, it is not possible to respond personally to each inquiry.

PRE-EMPLOYMENT TESTING

Clerical applicants and others in selected occupational groups may be scheduled for pre-employment testing.

HOW INTERVIEWS AND REFERRALS ARE SCHEDULED

If you are declared one of the most qualified applicants to compete for the position for which you have applied, the Employment Representative will refer you to the Department Manager for further consideration. The Department Manager and Administrator/CEO will make the final hiring decision by choosing the best qualified candidate in his/her judgment without regard to race, sex, age, handicap, veteran status, religion, sexual orientation, color or national origin, as defined by law.

ARBITRATION

If any controversy shall arise between the parties in the performance, interpretation, and application of this Application For Employment, either party may serve upon the other a written notice stating that such party desires to have the controversy reviewed by an arbitrator, who shall be representative of a firm specializing or having substantial experience in the hospital industry. If the parties cannot agree, within fifteen (15) days from the service of such notice upon the other party on the selection of such an arbitrator, that individual shall be selected or designated by the American Arbitration Association upon the written request of either party hereto. Arbitration of such controversy, disagreement or dispute shall be conducted in accordance with the rules then in force of the American Arbitration Association, and the decision and award of the arbitrators so selected shall be binding upon both parties hereto.

APPLICATION STATUS

A completed application is required to be submitted with respect to each vacancy for which you apply. All information on the form **MUST** be current. This will ensure that your application for employment receives a complete and thorough review. Due to the large number of employment applications received, it is not possible to keep all applicants constantly informed of the status of their applications. However, applicants referred to departmental hiring authorities for interviews will be apprised of the hiring decision. Our policy is to hold applications/resumes for a six-month period.

I have received and read the above information. I have had an opportunity to review and understand the above information. I have been given the opportunity to ask questions, and I agree to be bound by the above terms.

Date: _____ **Signature of Applicant:** _____



Grafton City Hospital

APPLICATION FOR EMPLOYMENT

Grafton City Hospital is an Equal Employment Opportunity employer and does not discriminate on the basis of race, sex, age, handicap, veteran status, religion, sexual orientation, color or national origin. Your application will be processed in accordance with all the provisions set forth in the regulations which are available for your review in the Personnel/Payroll Department. **APPLICATIONS MUST BE PRINTED OR TYPED, LEGIBLE AND COMPLETE. RESUMES AND ADDITIONAL INFORMATION MAY BE ATTACHED.**

PERSONAL INFORMATION:

First Name Last Name Middle Name

Street or RFD Address Apt. #

City State Zip

Home Telephone No. Work Telephone No. Cell Phone No.

Maiden Name Social Security No.

Are you legally entitled to work in the United States? Yes: ____ No: ____ (Proof of your work status may be required if hired)

Are you a previous employee of Grafton City Hospital? Yes: ____ No: ____

If **YES** what was the approximate date of employment: From: _____ To: _____

Last position held: _____ Department: _____

Under what last name: _____

Have you been interviewed by Grafton City Hospital within the last 6 (six) months? Yes: ____ No: ____

If **YES**, what is the approximate date: _____

Position applying for: _____

Willing to work: Full Time: ____ Part Time: ____ Temporary: ____ Shift or Rotating: ____

Date available for employment: _____



Grafton City Hospital

EDUCATION

Name of high school attended: _____ Highest grade or GED completed: _____

Date attended: From: _____ To: _____ School address: _____

Name of technical school attended: _____ Highest level completed: _____

Date attended: From: _____ To: _____ School address: _____

Name of college or university attended: _____

Major: _____ Degree Received: _____

Date attended: From: _____ To: _____ School address: _____

Please list other honors, licenses, certifications, registrations and/or other professional organizations that do not reflect sex, racial, ethnic, age or religious background.

Please list any other training obtained in high school, technical / trade school, and / or through prior work experience.

RECORD OF MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____



Grafton City Hospital

EMPLOYMENT RECORD

(Start with the most recent first. Use additional sheets if necessary)

Employer's Name: _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's Number: _____

May we check contact employer: Yes: No: Final Salary: _____ Dates: _____ - _____

Reason for leaving: _____

Description of duties: _____

Employer's Name: _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's Number: _____

May we check contact employer: Yes: No: Final Salary: _____ Dates: _____ - _____

Reason for leaving: _____

Description of duties: _____

Employer's Name: _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's Number: _____

May we check contact employer: Yes: No: Final Salary: _____ Dates: _____ - _____

Reason for leaving: _____

Description of duties: _____

If any, summarize additional employment or other factors supporting your possible employment by Grafton City Hospital.



Grafton City Hospital

Professional and Character References

Name: _____ Phone Number: _____

Address: _____ Occupation: _____

Name: _____ Phone Number: _____

Address: _____ Occupation: _____

Name: _____ Phone Number: _____

Address: _____ Occupation: _____

I hereby certify that my answers to the above Application for Employment are true, complete and correct. I understand that if I am employed, false answers on this Application may be grounds for immediate dismissal.

I further understand that dependent on bona fide occupational qualifications, authorized security checks and consent to a criminal background check may be made on my application, and that my answers to the above questions are subject to verification.

Date: _____ Signature: _____



Grafton City Hospital

PRE-EMPLOYMENT INFORMATION FORM

(Please answer all questions. Attach additional sheets as needed)

Have you ever been discharged or forced to resign from an employer?

YES ___ NO ___

If YES please give details including name or employer(s):

Have you ever been convicted of a felony, or been incarcerated for a misdemeanor conviction within 2 years?

YES ___ NO ___

If YES please explain:

Have you ever held employment outside of West Virginia within the past five (5) years?

YES ___ NO ___

If YES please list the county / state(s) of your employment:

SPECIAL NOTE: A conviction record is not necessarily a bar to employment at Grafton City Hospital. A number of factors will be taken into account during the application assessment process including, but not limited to, age at time of the offense, number, recentness, seriousness and nature of the violation(s), relationship of the offense to the job sought, rehabilitation, prior work history, and other job-related criteria.

CERTIFICATION STATEMENT

(Read this statement carefully before signing.)

I hereby certify that my answers to the above Pre-Employment Information questions are true, complete and correct. I understand that if I am employed, false answers on this statement may be grounds for immediate dismissal. I further understand that dependent on bona fide occupational qualifications, authorized security checks may be made on my application and that my answers to the above questions are subject to verification.

Date: _____ Signature: _____



I voluntarily give Grafton City Hospital permission to make a thorough investigation of my educational background, criminal background, past employments, references, and all other facts within my application that may be pertinent to prospective employment with Grafton City Hospital. I release Grafton City Hospital and all persons, places of business, and public entities supplying such information from any and all claims arising out of the furnishing of such information.

I understand that I am applying for a position as an employee – at – will. I understand that if I am hired, my employment will be for no definite period of time, that I will be an employee – at – will, that I will be free to leave employment with Grafton City Hospital at any time and for any reason, and that Grafton City Hospital may terminate my employment at any time, with or without cause and with or without notice.

Date: _____ Signature: _____