



EMPLOYMENT APPLICATION

WWW.OHIOHEALTH.COM
 TOLL FREE: (888) 475-5627
 JOB LISTING: (614) 566-4748
 DOCTORS HOSPITAL JOB LINE: (614) 297-4367

INDICATE LOCATION(S) FOR WHICH EMPLOYMENT IS REQUESTED:

- Riverside Methodist Hospital 550 Thomas Lane Columbus, Ohio 43214
 Grant Medical Center 393 E. Town St., Suite 215 Columbus, Ohio 43215
 OhioHealth Group 300 Wilson Bridge Rd. Worthington, Ohio 43085
 HomeReach 404 East Wilson Bridge Rd. Worthington, Ohio 43085
 Doctors North 1087 Dennison Ave. Columbus, Ohio 43201
 Doctors West 5100 West Broad St. Columbus, Ohio 43228
 Grant/Riverside Health Center Please specify: _____

GENERAL INFORMATION	NAME (LAST, FIRST, MIDDLE INITIAL)		ADDRESS		CITY	STATE	ZIP						
	RESIDENCE PHONE #	PAGER # OR DAY PHONE# WHERE YOU CAN BE REACHED	EMAIL 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 ; LIST DATE, CHARGES AND LOCATIONS								
	WORK PERMIT# IF YOU ARE NOT A U.S. CITIZEN	HOW DID YOU HEAR ABOUT EMPLOYMENT AT OHIOHEALTH? <input type="checkbox"/> INTERNET <input type="checkbox"/> WALK IN <input type="checkbox"/> NEWSPAPER (NAME) _____ <input type="checkbox"/> JOB PHONE LINE <input type="checkbox"/> AGENCY (NAME) _____ <input type="checkbox"/> COLLEGE RECRUITMENT		EMPLOYEE; NAME _____	JOB FAIR	RADIO							
	HAVE YOU EVER FILED 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 OHIOHEALTH, GRANT/RIVERSIDE, DOCTORS NORTH, OR DOCTORS WEST? <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, NAME OF RELATIVE _____ RELATION _____ LOCATION/DEPT. _____			DATE AVAILABLE TO WORK: <input type="checkbox"/> ASAP <input type="checkbox"/> OTHER: PLEASE SUPPLY DATE _____					
JOB INTEREST	ARE YOU AVAILABLE TO WORK		NIGHTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	EVENINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUMMER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AVAILABLE TO WORK	FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	PART TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTINGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TEMPORARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	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: _____ LOCATION: _____ DEPT: _____					POSITION DESIRED (SECOND CHOICE) TITLE: _____ LOCATION: _____ 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"/> YES <input type="checkbox"/> NO													
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"/> YES <input type="checkbox"/> NO	EQUIVALENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?								
	COLLEGE:	YOUR NAME AT TIME OF GRADUATION:	CITY/STATE:	DIPLOMA/DEGREE? <input type="checkbox"/> YES; NAME _____ <input type="checkbox"/> NO	DATE BEGIN:	DEGREE/MAJOR		DATE END:					
	OTHER:	YOUR NAME AT TIME OF GRADUATION:	CITY/STATE:	DIPLOMA/DEGREE? <input type="checkbox"/> YES; NAME _____ <input type="checkbox"/> NO	DATE BEGIN:	DEGREE/MAJOR		DATE END:					
	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

CURRENT OR MOST RECENT	TO OR END DATE MO. YR.	CURRENT OR MOST RECENT COMPANY NAME:	DEPARTMENT:	POSITION TITLE AND BRIEF DESCRIPTION OF JOB DUTIES:	REASON(S) FOR LEAVING:	
		STREET ADDRESS:	NAME AND TITLE OF SUPERVISOR:			
	START MO. YR.	CITY/STATE/ZIP:	PHONE: ()			
		PHONE: ()	FINAL SALARY:		MAY WE CHECK REFERENCES WITH CURRENT EMPLOYER?	
		YOUR NAME DURING EMPLOYMENT IF DIFFERENT:	PER: <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYMENT HISTORY	TO OR END DATE MO. YR.	COMPANY NAME:	DEPARTMENT:	POSITION TITLE AND BRIEF DESCRIPTION OF JOB DUTIES:	REASON(S) FOR LEAVING:	
		STREET ADDRESS:	NAME AND TITLE OF SUPERVISOR:			
	START MO. YR.	CITY/STATE/ZIP:	PHONE: ()			
		PHONE: ()	FINAL SALARY:			
		YOUR NAME DURING EMPLOYMENT IF DIFFERENT:	PER: <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
EMPLOYMENT HISTORY	TO OR END DATE MO. YR.	COMPANY NAME:	DEPARTMENT:	POSITION TITLE AND BRIEF DESCRIPTION OF JOB DUTIES:	REASON(S) FOR LEAVING:	
		STREET ADDRESS:	NAME AND TITLE OF SUPERVISOR:			
	START MO. YR.	CITY/STATE/ZIP:	PHONE: ()			
		PHONE: ()	FINAL SALARY:			
		YOUR NAME DURING EMPLOYMENT IF DIFFERENT:	PER: <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
EMPLOYMENT HISTORY	TO OR END DATE MO. YR.	COMPANY NAME:	DEPARTMENT:	POSITION TITLE AND BRIEF DESCRIPTION OF JOB DUTIES:	REASON(S) FOR LEAVING:	
		STREET ADDRESS:	NAME AND TITLE OF SUPERVISOR:			
	START MO. YR.	CITY/STATE/ZIP:	PHONE: ()			
		PHONE: ()	FINAL SALARY:			
		YOUR NAME DURING EMPLOYMENT IF DIFFERENT:	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 YRS. OR LONGER)		OCCUPATION	DAYTIME PHONE ()		
	NAME (NOT A RELATIVE; KNOWN 5 YRS. OR LONGER)		OCCUPATION	DAYTIME PHONE ()		
	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.				DATE	
STATEMENT OF AGREEMENT AND AUTHORIZATION	SIGNATURE					