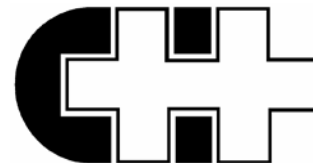




Clarion Hospital
One Hospital Drive
Clarion, PA 16214



Human Resources (814) 226-2630

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. Clarion Hospital is a tobacco free environment.

Last Name: _____ First _____ Middle _____ Today's Date: _____
 Address 1 _____ Phone #1: _____
 Address 2 _____ Phone #2: _____
 City _____ State _____ Zip _____ Social Security #: _____

Are you under 18 years of Age? Yes No

If you become employed by Clarion Hospital and you are under 18 years of age, can you furnish a work permit? Yes No

Have you ever worked or attended school under another name? Yes No If yes, please list the other names: _____

Position for which you are applying? 1st Choice _____
 2nd Choice _____

Salary Requirement: _____

Please check ALL the times you are available

Full Time Yes No Part Time Yes No Rotate Yes No Seasonal (if so, when) _____

Weekends Yes No Days Yes No Afternoons Yes No Nights Yes No

Date available to begin work? _____

Have you previously applied for employment here before? Yes No If so, when? _____

Were you ever employed by us previously? Yes No If so, when and in what position? _____

Have you ever been convicted of a felony? Yes No

Note: This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. (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)

If "yes" please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction: _____

Tools Used: _____

Other (include equipment operated) _____

Computer Hardware/Software Training/Experience: _____

E D U C A T I O N	Complete Address		Academic Major	Years Compl	Degrees	Grade Avg	
	Last Elementary School:	School Name:					
		Address:					
		City/State/Zip					
	Last High School	School Name:					
		Address:					
		City/State/Zip					
	Jr. College / College	School Name:					
		Address:					
		City/State/Zip					
	Nursing School / Technical / Vo-Tech / Other	School Name:					
		Address:					
		City/State/Zip					
	Nursing School / Technical / Vo-Tech / Other	School Name:					
		Address:					
		City/State/Zip					
	Other details of experience or training; including information on adult education programs:						
	School Name:			Course		Degree or Certificate:	
	Address:						
	City/State/Zip			Currently taking course?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

W O R K E X P E R I E N C E	Dates Employed	Name of Employer	Name of your supervisor	Your Position	
	From	Address	Telephone Number	Your Start Salary	
	To	City,State, Zip	Reason for leaving:	Your Ending Salary	
	Job Duties:				
	Dates Employed	Name of Employer	Name of your supervisor	Your Position	
	From	Address	Telephone Number	Your Start Salary	
	To	City,State/Zip	Reason for leaving:	Your Ending Salary	
	Job Duties:				
	Dates Employed	Name of Employer	Name of your supervisor	Your Position	
	From	Address	Telephone Number	Your Start Salary	
	To	City,State/Zip	Reason for leaving:	Your Ending Salary	
	Job Duties:				
	Dates Employed	Name of Employer	Name of your supervisor	Your Position	
	From	Address	Telephone Number	Your Start Salary	
	To	City,State/Zip	Reason for leaving:	Your Ending Salary	
	Job Duties:				
	Dates Employed	Name of Employer	Name of your supervisor	Your Position	
	From	Address	Telephone Number	Your Start Salary	
	To	City,State/Zip	Reason for leaving:	Your Ending Salary	
	Job Duties:				

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

If "No", please state your reason: _____

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.: _____
	Type: _____ State Issued: _____ Date: _____ No.: _____

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

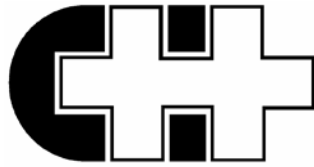
APPLICANT'S CERTIFICATION – PLEASE READ CAREFULLY BEFORE SIGNING

My signature below indicates that I have read, I understand and I 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. 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 this 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** _____



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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.

Position Applied For: _____

Name: _____

Date: _____

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

Special Disabled Veteran

Vietnam Era Veteran

Newly Separated Veteran

Other Protected Veteran

Not Applicable

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