

Application for



Moses Taylor Hospital

Please print and mail/FAX to:

Moses Taylor Hospital Human Resources 700 Quincy Avenue Scranton PA 18510-1798
FAX (570)340-2742

Date: _____

First Name _____ MI _____ Last Name _____

Address _____

Address/Apt.# _____

City _____ State _____ Zip Code _____

Home telephone _____ Cellular telephone _____

Work telephone _____ Social Security # _____ - _____ - _____

Referral source?

Newspaper Job Fair
Employee Internet

Do you have the legal right to
work in the United States?

Yes No

Have you been a PA resident for the
past 2 years without interruption?

Yes No

Were you previously employed by Moses Taylor Hospital? Yes No

If yes, under what name were you employed? _____

If yes, please list last position held at Moses Taylor Hospital. _____

Do you have an immediate relative working here? Yes No

If yes, please identify. _____

What position are you interested in? _____

Current licensure(s), registration(s), certification(s).

1. _____ 2. _____ 3. _____

lic./reg/cert number

State _____

Expiration date _____

lic./reg/cert number

State _____

Expiration date _____

lic./reg/cert number

State _____

Expiration date _____

Have you ever been convicted of a crime, excluding those convictions, which have been annulled, expunged, or sealed by the Court?

(Conviction will not necessarily disqualify an applicant from employment) No Yes

If yes, please explain. _____

A Criminal History background clearance will be obtained from the Pennsylvania State Police and/or FBI; and under Pennsylvania Act 169 and Act 13, persons convicted of certain crimes are prohibited from becoming employed.

EDUCATION

| Type of School/Name/Address | Course of Study/Major | Diploma/Certificate/Degree |
|--|-----------------------|----------------------------|
| High school/GED | | |
| Graduate? Yes No | | |
| Business/Technical | | |
| Graduate? Yes No | | |
| College/University | | |
| Graduate? Yes No | | |
| Other special courses or training, post-graduate work. | | |

WORK HISTORY - *Begin with most recent employer I give permission to contact previous employers.*

| | | |
|----------------------|-------------------------|--------------------|
| Employer | | Telephone |
| Address | | |
| Job Title | Duties/Responsibilities | Reason for leaving |
| Immediate Supervisor | | |
| Contact information | From - To | Last Salary |
| | | |
| Employer | | Telephone |
| Address | | |
| Job Title | Duties/Responsibilities | Reason for leaving |
| Immediate Supervisor | | |
| Contact information | From - To | Last Salary |
| | | |
| Employer | | Telephone |
| Address | | |
| Job Title | Duties/Responsibilities | Reason for leaving |
| Immediate Supervisor | | |
| Contact information | From - To | Last Salary |

REFERENCES - *Please list 3 people who are unrelated to you.*

| Name/Title | Company name/address | Telephone |
|------------|----------------------|-----------|
| | | |
| | | |
| | | |

Resume - *Attach or cut and paste here.*

Please read carefully before signing.

I certify that the information contained in this application form is true and complete. I understand and agree that any false information, misrepresentation or concealment of fact is sufficient grounds for immediate discharge. I understand that I am required to consent to and successfully complete a drug screening examination prior to commencing employment.

I understand that my employment will last as long as both I and the Hospital want to continue it and that no one has the authority to bind the hospital to different terms except the President of the Hospital.

I understand and agree that all information furnished in this application form may be verified by Moses Taylor Hospital. I authorize past employers, all references and any other persons to answer all questions asked by Moses Taylor Hospital concerning my ability, character and previous employment record. I release all such individuals, organizations, Moses Taylor Hospital, its employees and agents, from any liability for any claim or damage which may result.

Signature of applicant: _____ Date: _____

Moses Taylor Hospital is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, handicap or veteran status. Please direct all inquires to the Human Resources Department 570.340.2027.

| DO NOT WRITE BELOW THIS LINE | | |
|------------------------------|----------------|-------------|
| Interviewed by | | Date |
| Remarks | | |
| | | |
| Hired | For Department | Position |
| Will report | Wages | Approved by |