

Application for Employment

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Alternate Phone Number		
E-mail Address:			

Position(s) applying for:	Date of Application:
Preferred Status (please check all that apply): <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> PRN <input type="radio"/> Temporary	Preferred Shift (please check all that apply): <input type="radio"/> Day Shift <input type="radio"/> Evening Shift <input type="radio"/> Night Shift <input type="radio"/> Weekends
Date Available for Work:	Desired salary range:

Have you ever filed an application with any WVUHS facility before? Yes No
 If yes, list facility and date(s) _____

Have you ever been employed with any WVUHS facility before? Yes No
 If yes, list facility and date(s) _____

What was your name when you were employed previously? _____

Do any of your friends or relatives work here? Yes No
 If yes, please state name and relationship to you: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently authorized to work in the United States on a full-time basis? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Will you now or in the future require sponsorship for Employment visa status (e.g. H-1B visa)? Yes No

Have you ever been listed by a federal agency as sanctioned, suspended or barred from participation in Federal Healthcare Programs such as Medicare, Medicaid or any other governmental program? Yes No

Have you ever been convicted of a felony within the past 10 years? Yes No
 If yes, please explain: _____

Have you ever been charged with any wrongdoing by or to any licensing or professional agency (e.g. State Medical Board, Nursing Board)? Yes No
 If yes, please explain: _____

Education				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Work Experience
Start with your present or last job. Include any job-related military service assignments and voluntary activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protested status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Did you work under a different name for any previous employer?

Yes No

Please list: _____

Comments: (include explanation of any gaps in employment)

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

List professional, trade, business or civic activities and offices held: <i>You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

Specialized Skills: (please check all that apply)
_____ Multi-line Phone _____ Excel Spreadsheet _____ Microsoft Word _____ Basic Keyboarding Skills
_____ BLS _____ NALS _____ PALS _____ AWONN
<i>State any additional information you feel may be helpful to us in considering your application:</i>

Professional References: <i>DO NOT LIST RELATIVES.</i> Please include only past supervisors, subordinates, peers or others that can attest to your work performance.			
Name	Occupation	Physical Address and/or E-mail Address	Telephone Number

Licensure/Registration:						
State Licensed	License Number	State Registration	Registration Number	Date Received	Date Renewed	Exam or Reciprocity

For clinical jobs: Do you possess a valid West Virginia license? Yes No

Is your license in good standing? Yes No

If no, please explain: _____

How did you hear about us and our job opportunities? (please mark all that apply)						
<input type="radio"/> Newspaper	<input type="radio"/> Professional Publication	<input type="radio"/> Job Fair	<input type="radio"/> Radio	<input type="radio"/> Billboard	<input type="radio"/> Web Site	
<input type="radio"/> Facebook	<input type="radio"/> Current Employee	<input type="radio"/> Other _____				

ST. JOSEPH’S HOSPITAL IS PROUD TO BE A DRUG-FREE WORKPLACE AND TOBACCO-FREE/VAPE-FREE CAMPUS.

This application will be considered active for a period not to exceed six (6) months from the date of receipt.

WVUHS facilities include: J.W. Ruby Memorial Hospital and Regional Sites, Camden Clark Medical Center, United Hospital Center, Berkley Medical Center, Jefferson Medical Center, University Healthcare Physicians, Potomac Valley Hospital, Reynolds Memorial Hospital and St. Joseph’s Hospital.

Applicant's Statement

I hereby authorize West Virginia United Health System (WVUHS) members to obtain, investigate and verify all information contained in this application for the purpose of evaluating my application for employment, for obtaining any regulatory approvals that may be required of WVUHS members in order for me to perform a specific job and for any other purpose within the reasonable discretion of WVUHS members.

I understand that references will be sought by WVUHS members regarding previous work and educational background and that my answers to the above questions are subject to verification. I hereby (a) authorize my former employers to furnish their records of my service and my reason(s) for leaving their employ as well as all information they may have concerning me; and (b) release any such former employer from any and all liability on account of furnishing such information.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld no material information. I understand and agree that any false or misleading statement(s) or the failure to include any material information requested on this application may be cause for WVUHS members to refuse to consider my application for employment, to revoke an offer of employment or to terminate my employment with WVUHS members.

I understand that my employment is dependent upon satisfactory completion of a pre-employment physical examination, which includes a screening for illegal drug and/or alcohol. I understand my employment also may be dependent upon the results of a criminal background check.

I understand that neither this employment application nor any other aspect of the application process, including any interviews that may be granted, is intended to or does create a contract between WVUHS members and me for either employment or for any other purpose. Nothing in any of WVUHS members' written policies, handbooks, or other documents may be construed as creating a contract or obligations on the part of WVUHS members.

I understand that I am applying for a position as an employee at-will, unless otherwise provided by an applicable collective bargaining agreement. As such, if an employment relationship is established, I understand that I have the right to terminate my employment at any time and that WVUHS members retain the right unless otherwise provided by an applicable collective bargaining agreement.

If I am employed by WVUHS members, this authorization shall remain in effect for the duration of my employment.

I certify that I have read, fully understand and accept the terms of this Applicant Statement.

Applicant Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Voluntary Self-Identification of Veterans

Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Affirmative Action Program Self-Identification Form

Required Information

Name: _____

Date: _____

Position: _____

Depart: _____

Voluntary Information

WVUHS is a government contractor and to comply with the regulations for equal employment opportunity and affirmative action (EEO/AA), we must track our employees by gender and race/ethnicity and the position they are in employed in for the government. We are an organization that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. This information is kept separate from your employee file.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the government. When reported, data will not identify any specific individuals.

Gender: Male Female

Race/Ethnicity Identification (check one):

Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).

Are you Hispanic or Latino? Yes No

If you answered "Yes" you have completed this form. If you answered "No" please select from the options below.

White (Not Hispanic or Latino)

American Indian or Alaska Native

Black or African American

Two or More Races

Native Hawaiian or Other Pacific Islander

Asian

I do not wish to disclose

Definitions of Race/Ethnicity Categories

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rico, South or Central America, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North America.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native – A person having origins in any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races – All persons who identify with more than one of the above five races.