

Application for Employment



BARNESVILLE HOSPITAL

PLEASE PRINT

We are an equal opportunity employer: this organization is committed to the policy of equal opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without illegal discrimination on grounds of race, color, religion, sex, national origin, age or status as qualified handicapped or as a protected veteran defined by law. All information provided in this application will be treated confidentially and will be used to help assure the best of your abilities if you are employed by us. If you feel that any of the following questions are discriminatory in nature, do not answer such questions.

Position(s) applied _____ Date of application _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ Social Security # _____

If you are under 18, and it is required, can you furnish a work permit? ☐ Yes ☐ No

If no, please explain _____

Have you ever been employed here before? ☐ Yes ☐ No

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Regular ☐ PRN (On-Call)

Shifts you will accept ☐ Days ☐ Afternoons ☐ Midnights

Do you have any known current physical or mental limitations which could significantly affect your ability to perform the job? ☐ Yes ☐ No

If yes, please explain _____

Have you been convicted of a felony or misdemeanor (excluding traffic violations)? ☐ Yes ☐ No

If yes, please explain _____

Driver's license number if driving is an essential job function _____ State _____

Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER			

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

Job #1			
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed And Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
Job #2			
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed And Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
Job #3			
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed And Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
Job #4			
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed And Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Additional Job-Related Qualifications & Experience

The space below is provided for you to state additional job-related qualifications and experience that you feel makes you particularly well-suited for the position(s) for which you have applied.

References

List three persons, not relatives, clergy, or previous supervisors, with complete address and phone numbers who have known you at least two years.

Name	Address	Telephone	Years Known

READ CAREFULLY BEFORE SUBMITTING THE APPLICATION:

To the best of my knowledge and belief, all statements on this application are complete and correct. I fully understand that any false or omitted statements will be sufficient cause for cancellations of the application and/or separation from Barnesville Hospital's services, if employed. Furthermore, I give Barnesville Hospital full investigative power as to my character, including criminal records, credit, and financial status, or any other information deemed necessary for my application at Barnesville Hospital. This application becomes inactive after 90 days unless renewed.

By signing here, you are agreeing to the above statements:

Signature of Applicant _____ Date _____

BARNESVILLE HOSPITAL
639 WEST MAIN STREET
BARNESVILLE OH 43713