APPLICATION FOR EMPLOYMENT

St. Joseph's Hospital of Buckhannon, Inc.
One Amalia Drive Buckhannon, WV 26201
(304) 473-2000

St. Joseph's Hospital is an equal opportunity employer. Prospective employment applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin or any other legally protected status. Applicants will not be discriminated against on the basis of disability.

Personal

Last Name: _____ First Name: _____ MI: ____ SSN: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Alt. Phone: _____

Have you ever worked at STJ under any other name? ◯ Yes ◯ No If yes, what name? _____

Are you eligible to work in the United States? ◯ Yes ◯ No Are you under age 18? ◯ Yes ◯ No

Employment Preferences

Position Applying For: _____ Department: _____

◯ Full-time ◯ Part-time ◯ Full or part-time ◯ PRN ☐ Day Shift ☐ Evening Shift ☐ Night Shift ☐ Float

Military Status

Have you ever served in the military service? ☐ No ☐ Yes Dates of Duty: From: _____ to: _____

Rank at Discharge: _____ Honorably Discharged? ☐ Yes ☐ No If no, explain: _____

Legal Responsibilities

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

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 government program ☐ Yes ☐ No

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

Education

Type of School	Name and Location of School	Course of Study	Years	Graduate	Degree/Diploma
				☐ Yes	
				☐ Yes	
				☐ Yes	
				☐ Yes	

Personal References

Do not list past or present employers or relatives. All information must be completed

Name and Occupation	Mailing Address (Street, City, State, Zip)	Telephone

Please list relatives currently employed by St. Joseph's Hospital and their relationship to you. _____

Employment

Provide all present and past employment, beginning with your present or most recent employer

Employer 1:	From:	To:
Full Address:	Rate:	per:
Supervisor(s):	Reason for Leaving:	
Position(s) Held:		

Employer 2:	From:	To:
Full Address:	Rate:	per:
Supervisor(s):	Reason for Leaving:	
Position(s) Held:		

Employer 3:	From:	To:
Full Address:	Rate:	per:
Supervisor(s):	Reason for Leaving:	
Position(s) Held:		

Employer 4:	From:	To:
Full Address:	Rate:	per:
Supervisor(s):	Reason for Leaving:	
Position(s) Held:		

Did you work under a different name for any previous employer? ☐ No ☐ Yes If yes, please list _____

Please check employers who we may contact for reference: ☐ #1 ☐ #2 ☐ #3 ☐ #4

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment, education or other experience. Include any additional information you feel may be helpful to us in considering your application:

_____

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 the license in good standing? ☐ Yes ☐ No

Restrictions? ☐ No ☐ Yes If yes, please explain: _____

Applicant's Statement

I herby certify that all the statements contained in this application are true and complete to the best of my knowledge. In the event that I am hired by St. Joseph's Hospital, I understand that if any of the information that I provided is not true or if I have given incomplete information, my employment may be terminated by St. Joseph's Hospital. By my signature below, I authorize STJ or its designee to conduct an investigation of all statement contained in this application, including credit and criminal histories. I further authorize all educational institutions and employers listed in this application to release any and all non-medical records related to me and to speak with and provide truthful non-medical information about me to any representative of STJ. I further agree to hold STJ, its designee and everyone supplying information about me, harmless and to release them from any and all liability for supplying or receiving the information described herein. I understand that neither educational institutions nor former employers have an obligation to provide the requested information. Thus, the consideration for them providing the requested information is my agreement to hold them harmless and release them from all liability for supplying it. If I am hired by STJ, I agree that before I begin work, I must pass a health examination that will be limited to testing for work-related duties.. The health examination that must be passed includes a drug test. I understand that, if called for, I will be offered reasonable accommodations for any disability that I might have. Finally, I understand and agree that I am applying for a position as an at-will employee, which means that both I and STJ may terminated the employment relationship with or without cause or prior notice.

Document Signature Field _____ Current Date _____