

CHARLES COLE MEMORIAL HOSPITAL
1001 East Second Street
Coudersport, PA 16915

APPLICATION FOR EMPLOYMENT

Personal Record:

Name: _____ Date: _____
(Last, First, Middle and/or Maiden)

Present Address: _____ Phone: _____
(Number and Street, City, State and zip code)

Are you over the age of 18? _____ Yes _____ No Social Security Number: _____

Are you a resident of Pennsylvania? _____ Yes _____ No

If yes, how long have you been a resident of Pennsylvania? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? _____ Yes _____ No

Criminal Background: Have you ever been convicted, pleaded guilty, or *nolo contendere* (no contest) to a felony or misdemeanor other than a summary offence or do you currently have any such charges pending against you? _____ Yes _____ No

If yes, please give the particulars including the type and date of the offence:

Note: A conviction will not necessarily disqualify an applicant from employment, however, there are specific criminal convictions that prohibit employment under the Pennsylvania Older Adults Protective Services – 169 Act and others that may relate to your suitability for employment in the position for which you have applied.

Educational Record:	Name and Address	Highlight Grades Completed	Did you graduate?
Elementary School	_____	1 2 3 4 5 6 7 8	_____
High School	_____	9 10 11 12	_____
College/University	_____	1 2 3 4 Major Field _____ Degree _____	_____
Apprentice, Vocational, Business or Graduate School? _____			
Other training, factory or office machines operated? _____			

Job Interest:

Position Desired: _____

Other positions for which you are qualified: _____

Are you now employed? _____ Yes _____ No _____
(If yes, give name, address, and phone number of current employer.)

Date Available _____ May we contact your present employer? _____ Yes _____ No

Have you ever: Applied here before? _____ Yes _____ No Employed here before? _____ Yes _____ No

Name at time of previous application or employment: _____

Military Record:

Have you ever served in the Armed Forces of the United States? _____ Yes _____ No

If yes, state: Branch _____ Date entered _____ Date Discharged _____

Rank or Rate _____ Service schools and/or special experience _____

Reserve or National Guard Status _____

References: Give three references. Do not use relatives, clergy or former employers. List persons whom you have known for at least five (5) years.

Name	Address	Phone	Occupation	Verification
1.)				
2.)				
3.)				

Employment History: Starting with your present or most recent employer, account for all periods of time, including unemployment and service with the Armed Forces. (Use additional sheet if needed.)

DATES	Employer's Name, Address and Phone Number	1.Job Title 2.Department 3.Supervisor's Name	Describe Major Job Duties	Salary	Reason for Leaving
From: To:	Phone #	1.) 2.) 3.)		Starting \$ Final \$	
From: To:	Phone #	1.) 2.) 3.)		Starting \$ Final \$	
From: To:	Phone #	1.) 2.) 3.)		Starting \$ Final \$	

PRE-EMPLOYMENT STATEMENT: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the Hospital shall not be liable in any respect if my employment is terminated because of falsity of statements, answers and/or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications, together with any information they have regarding me whether or not it is in the records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. If there is an offer of employment, I understand that it is contingent upon passing a pre-placement physical examination and obtaining a clear criminal background check. If employed, I agree to wear protective clothing or devices as required by the Hospital and to comply with any and all safety rules. In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the Hospital or myself.

Applicant's Signature: _____ **Date:** _____

GUIDING PRINCIPLES: Have you read the Guiding Principles and agree, should you be employed, to abide by these Guiding Principles as an employee, as a condition of employment and continued employment? _____ Yes _____ No

Applicant's Signature: _____ **Date:** _____