



MARY RUTAN HOSPITAL

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APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY – WRITE CLEARLY – ANSWER ALL QUESTIONS

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, CREED, AGE, SEX, MARITAL STATUS, NATIONAL ORIGIN, PHYSICAL OR MENTAL IMPAIRMENT OR MEDICAL CONDITION.

NAME & LOCATION	(LAST NAME) (FIRST NAME) (MIDDLE NAME)			APPLICATION DATE	
	CURRENT ADDRESS (NUMBER & STREET)		HOME PHONE	PHONE NUMBER FOR MESSAGE	
	CITY, STATE & ZIP		SOCIAL SECURITY NO.		
EMPLOYMENT DESIRED	FIRST CHOICE	EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECOND CHOICE	EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAVE YOU WORKED FOR US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	(IF YES, STATE DATE LEFT)	WILL YOU ACCEPT PART TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU ACCEPT TEMPORARY WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAVE YOU WORKED FOR US BEFORE UNDER ANY OTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	(IF YES, STATE NAME)	SHIFT OR HOURS CAN YOU WORK? <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	OTHER	
CITIZENSHIP		U.S. MILITARY SERVICE		STATEMENT OF HEALTH	
ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS, UPON BEING MADE AN OFFER OF EMPLOYMENT, MUST PRODUCE DOCUMENTS WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT, ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN SEVENTY-TWO (72) HOURS AFTER COMMENCEMENT OF EMPLOYMENT. YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 (ISSUED BY THE FEDERAL GOVERNMENT) VERIFYING, UNDER OATH, YOUR EMPLOYMENT AUTHORIZATION.		HAVE YOU SERVED IN THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE LIST JOB-RELATED SKILLS OR EXPERIENCE.		CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING SAFELY? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: ARE YOU WILLING TO TAKE A PHYSICAL EXAMINATION AND/OR DRUG TEST AT OUR EXPENSE UPON A CONDITIONAL OFFER OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PERSONAL	HAVE YOU, SINCE THE AGE OF 18, EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN - GIVE DATES			NOTE: A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.	
	HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN - GIVE DATES				
	HAVE YOU ANY HOBBIES OR INTERESTS, OR BELONG TO ANY CLUB, ORGANIZATION, SOCIETY OR PROFESSIONAL GROUP WHICH HAS A DIRECT BEARING ON YOUR QUALIFICATIONS FOR THE JOB WHICH YOU ARE SEEKING? YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, PHYSICAL OR MENTAL IMPAIRMENT, OR MEDICAL CONDITION. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:				
EDUCATION	NAMES	COMPLETE ADDRESSES OF SCHOOLS	ACADEMIC MAJOR	NUMBER OF YEARS ATTENDED	DIPLOMA?
	LAST ELEMENTARY SCHOOL				
	LAST HIGH SCHOOL				
	JR. COLLEGE, COLLEGE, OR UNIVERSITY				
	TECHNICAL OR VOCATIONAL SCHOOL				
OTHER DETAILS OF EXPERIENCE OR TRAINING, INCLUDING INFORMATION ON ADULT EDUCATION PROGRAMS WHICH HAVE A DIRECT BEARING ON THE JOB WHICH YOU ARE SEEKING?		SCHOOL	COURSE	DIPLOMA OR CERTIFICATE?	DATE COMPLETED

REFERENCES	GIVE NAME(S) OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR THE POSITION.			
	NAME ○		OCUPATION	ORGANIZATION
			PHONE	ADDRESS
	NAME ○		CCUPATION	ORGANIZATION
			PHONE	ADDRESS
	NAME ○		CCUPATION	ORGANIZATION
		PHONE	ADDRESS	

EXPERIENCE					GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS UNEMPLOYED DURING PAST FIFTEEN YEARS. START WITH MOST RECENT EMPLOYMENT.					
LAST EMPLOYMENT					EMPLOYER'S NAME, ADDRESS, TELEPHONE NUMBER	LAST SALARY AND POSITION(S) HELD	REASON FOR LEAVING	VERIFY.		
FROM		TO								
MO.	YR.	MO.	YR.	EMPLOYER	SALARY					
				NO. & STREET	POSITION					
				CITY, STATE & ZIP	PHONE					SUPERVISOR
				EMPLOYER	SALARY					
				NO. & STREET	POSITION					
				CITY, STATE & ZIP	PHONE					SUPERVISOR
				EMPLOYER	SALARY					
				NO. & STREET	POSITION					
				CITY, STATE & ZIP	PHONE					SUPERVISOR
				EMPLOYER	SALARY					
				NO. & STREET	POSITION					
				CITY, STATE & ZIP	PHONE					SUPERVISOR
				EMPLOYER	SALARY					
				NO. & STREET	POSITION					
				CITY, STATE & ZIP	PHONE					SUPERVISOR

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST OFFICE MACHINES YOU CAN USE. <input type="checkbox"/> NOT APPLICABLE		TYPING SPEED WPM	SHORTHAND SPEED WPM
PLEASE LIST WHAT OTHER EQUIPMENT YOU CAN OPERATE: <input type="checkbox"/> NOT APPLICABLE				CAN YOU TRANSCRIBE DR'S ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	
REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO		SET-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO		SET-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO		SET-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS			
TYPE	STATE ISSUED	DATE	NO.
TYPE	STATE ISSUED	DATE	NO.
TYPE	STATE ISSUED	DATE	NO.

AREA OF SPECIALIZATION OR MAJOR INTEREST

AFFIDAVIT 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 my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employees, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand a conditional offer of employment may be based on results of a later medical examination. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer.

Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer. In addition, should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.

Signed _____ Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER – A COPY OF THIS APPLICATION IS AVAILABLE TO YOU ON REQUEST

APPLICANT – PLEASE DO NOT USE THIS SPACE

INTERVIEWED BY	DATE	TIME	RATED BY	DATE	TIME		
DISPOSITION	POSITION TITLE	POSITION CODE	DEPARTMENT	RATE	SHIFT	STARTING DATE	SUPERVISOR