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.

Mary Rutan Hospital

205 Palmer Avenue
Bellevfontaine, OH 43311
Ph. (937) 599-7009 • Fax (937) 592-7007
Hrd@maryrutan.org

(please print)

Name & Location

Current Address (Number & Street)

City, State & Zip

Home Phone

Phone Number for message

Experience

Second Choice

Experience

First Choice

Have you worked for us before?

(If yes, state date left)

Will you accept part time work?

Yes

No

Will you accept temporary work?

Yes

No

Have you worked for us before under any other name?

(If yes, state name)

Shift or hours can you work?

1st

2nd

3rd

Other

U.S. Military Service

Have you served in the U.S. military?

Yes

No

Please list job-related skills or experience.

Statement of Health

Can you perform the essential functions of the position for which you are applying safely?

Yes

No

Explain:

Are you willing to take a physical examination and/or drug test at our expense upon a conditional offer of employment?

Yes

No

Note: A conviction will not necessarily bar you from employment.

Personal

Have you, since the age of 18, ever been convicted of a felony?

Yes

No

Have you ever been involuntarily discharged from a job?

Yes

No

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.

Yes

No

If yes, explain:

Names

Last elementary school

Complete Addresses of Schools

Academic Major

Number of Years Attended

Diploma?

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

MRH527 Rev. 01/10
**REFERENCES**

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**EXPERIENCE**

Give a complete record of all employment and reasons for periods unemployed during past fifteen years. Start with most recent employment.

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<tr>
<th>LAST EMPLOYMENT</th>
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<tr>
<td>EMPLOYER’S NAME, ADDRESS, TELEPHONE NUMBER</td>
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<tr>
<td>LAST SALARY AND POSITION TO BE HELD</td>
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<td>REASON FOR LEAVING</td>
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**MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE?**

- [ ] Yes
- [ ] No

**PLEASE LIST WHAT OTHER EQUIPMENT YOU CAN OPERATE:**

- [ ] Not Applicable

**CAN YOU TRANSCRIBE DOCTOR’S ORDERS?**

- [ ] Yes
- [ ] No

**SOFTWARE PROGRAMS YOU ARE TRAINED IN:**

- [ ] Not Applicable

**PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS**

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**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**

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