



COMMUNITY HEALTH SERVICES
410 Birchard Avenue * Fremont, Ohio 43420

EMPLOYMENT APPLICATION

Name Social Security Number

Present Address

City State Zip

Telephone Numbers Home Business

Previous Address

Position applied for Salary Desired

Date available for employment Would you accept another position? yes no

Are You Willing to Work:

Yes No

Overtime (over 40 hrs. / wk.)
On call
Evenings
Weekends
Travel

Indicate Applicable Work Skills:

Typing WPM
Computer (system)
Transcription yes no
Other job related skills
Are you bilingual? yes no

How were you referred to Community Health Services (CHS)?

Do you have any relatives currently employed by CHS or serving on the CHS Board of Directors? yes no

Name of relative Relationship

Have you ever been employed by this organization? Yes no

If yes, position department from to

Are you a US citizen? yes no (Have you a legal right to work in the US?) yes no

Are you older than 18 and less than 70? yes no If no, please specify age Do

you have any physical defects or impediments which might, in any way, hinder your ability to perform the job for which you have applied? Yes no If yes, please explain:

Since reaching age 18, have you ever been convicted of a misdemeanor or felony?

yes no If yes, please explain

Military service? yes no If yes, from to Branch Rank

In an emergency, notify: Name

Address

EDUCATION

High School Name _____
Address _____
Course of Study _____ Check last year completed: 1 2 3 4
Did you graduate? yes no Diploma / Degree _____

College _____
Address _____
Course of Study _____ Check last year completed: 1 2 3 4
Did you graduate? yes no Diploma / Degree _____

College _____
Address _____
Course of Study _____ Check last year completed: 1 2 3 4
Did you graduate? yes no Diploma / Degree _____

Technical, Business, or Professional _____
Address _____
Course of Study _____ Check last year completed: 1 2 3 4
Did you graduate? yes no Diploma / Degree _____

PROFESSIONAL LICENSES / CERTIFICATIONS

Type _____
State _____ Exp. Date _____ Registration No. _____

PREVIOUS EMPLOYMENT Please list name, address and phone number of previous employers with the most recent employer first. Periods of unemployment should be included.

Employer Name _____ Employer Telephone _____
Employer Address _____
Job Title _____ from _____ to _____
Immediate Supervisor _____ Last Salary _____
Duties _____
Reason for leaving _____

Employer Name _____ Employer Telephone _____
Employer Address _____
Job Title _____ from _____ to _____
Immediate Supervisor _____ Last Salary _____
Duties _____
Reason for leaving _____

PREVIOUS EMPLOYMENT *(continued)*

Employer Name _____ Employer Telephone _____

Employer Address _____

Job Title _____ from _____ to _____

Immediate Supervisor _____ Last Salary _____

Duties _____

Reason for leaving _____

May we run an employment check from the employers listed above? yes no

Has notice been given to present employer? yes no Is there any additional information
relative to change in name necessary to check your work history? yes no

If yes, please explain _____

REFERENCES

Please list references (not relatives or current employers) to contact who are acquainted with your work.

Name of Reference _____

Company _____ Address _____

Telephone No. _____ Occupation _____

Name of Reference _____

Company _____ Address _____

Telephone No. _____ Occupation _____

Name of Reference _____

Company _____ Address _____

Telephone No. _____ Occupation _____

COMMENTS

Make any additional comments you feel are pertinent to your application:

AUTHORIZATION

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence, character, and/or medical history, as relates to the position for which I applied or in which I may be employed, unless otherwise stated.

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omissions of information may cause rejection of this application or my immediate dismissal. I agree that all statements made in this application may be investigated.

I also understand that I may be required to successfully complete a medical exam for initial and continued employment.

I further understand that in the event I am employed, such employment is at will. Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract.

Signature

Date

By checking this box, you are electronically providing a signature for approval

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