



COMMUNITY HEALTH SERVICES 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 this 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 _____ Circle last year completed 1 2 3 4

Did you graduate? ___yes ___no Diploma / Degree _____

College Name _____

Address _____

Course of Study _____ Circle last year completed 1 2 3 4

Did you graduate? ___yes ___no Diploma / Degree _____

College Name _____

Address _____

Course of Study _____ Circle last year completed 1 2 3 4

Did you graduate? ___yes ___no Diploma / Degree _____

Technical, Business or Professional _____

Address _____

Course of Study _____ Circle 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 (hourly, monthly or yearly) _____

Duties _____

Reason for leaving _____

Employer Name _____ Employer Telephone _____

Employer Address _____

Job Title _____ from _____ to _____

Immediate Supervisor _____ Last Salary (hourly, monthly or yearly) _____

Duties _____

Reason for leaving _____

PREVIOUS EMPLOYMENT (continued)

Employer Name _____ Employer Telephone _____

Employer Address _____

Job Title _____ from _____ to _____

Immediate Supervisor _____ Last Salary (hourly, monthly or yearly) _____

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 omission 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

COMMUNITY HEALTH SERVICES

410 Birchard Avenue

Fremont, Ohio 43420