



401 E. Murphy Ave.
Connellsville, PA 15425

EMPLOYMENT APPLICATION

Highlands Hospital strives for Excellence in
Health Care Delivery through its values of:

- Responsiveness to customers
- Respect for every individual
- Innovation ■ Teamwork, and
- Strong financial performance

~~ BEFORE SIGNING THIS APPLICATION ~~

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Information I am providing in this application is true and complete to the best of my knowledge. I understand that misrepresenting or omitting facts requested in this application, whether in writing or verbally, may result in refusal to hire, or in subsequent termination of employment.

In consideration of my employment, I agree to conform to the rules and policies of Highlands Hospital, to work assigned shifts and to work overtime as required (unless prohibited by law), and that my employment can be terminated at any time, at the option of either Highlands Hospital or myself.

I understand that no representatives of Highlands Hospital other than the Chief Executive Officer or Chief Human Resources Officer has authority to enter into any agreement or contract of employment committing to continued employment, compensation, and/or benefits for a specified period of time, and that any such agreement must be in writing and signed.

I hereby consent to having Highlands Hospital contact anyone that it deems appropriate to investigate or verify any information I have given, to discuss my background, education, past work performance, or suitability for employment, and that such inquiries may be made prior to any offer of employment or at any time during employment with Highlands Hospital. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me.

I understand that all employees will serve an introductory or probationary period, which will be specified upon hire.

Upon receiving an offer of employment, I agree to submit to a physical examination, and I understand that any offer of employment with Highlands Hospital will be conditioned upon passing an appropriate physical examination. I agree that Highlands Hospital shall be without liability for any claims connected with this exam. I understand that a physical is required for all applicants who have received an offer of employment in my job classification, and that this examination is solely for the benefit of Highlands Hospital and not for my benefit.

My signature below indicates that I have read and I understand the above statements:

Signature of Applicant: _____ Date: _____

ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID

Applications are accepted and employees are chosen on the basis of ability and qualifications without regard to race, color, religion, sex, age, national origin, marital or veteran status, or disability, in compliance with federal, state and municipal laws.

The receipt and acceptance of this application does not mean that current job openings exist, and does not obligate Highlands Hospital in any way.

Instructions: Complete all questions leaving nothing blank. Type or print neatly. A resume may be attached if desired. Applications will be active for six months. Should you wish to be considered for employment after this time, you must contact us to reactivate and update your application.

Please
Print Clearly

IDENTIFICATION / CONTACT INFORMATION

NAME: Last		First	Middle	DATE
PRESENT ADDRESS: Street		City	State	Zip Code
LIST ANY OTHER NAMES USED DURING EMPLOYMENT OR SCHOOLING:				Social Security # XXX-XX-____
Primary Phone #	Comment:	Alternate Phone #:	Comment:	

POSITION(S) APPLIED FOR

FIRST CHOICE	DEPT.	EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
SECOND CHOICE	DEPT.	EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
WOULD YOU ACCEPT : <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Weekend Only <input type="checkbox"/> Temporary		
SHIFT PREFERENCES / DAYS AND HOURS AVAILABLE		
ARE YOU WILLING TO WORK ALL SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	SALARY EXPECTED	DATE AVAILABLE FOR WORK
ARE YOU WILLING TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", WHY ARE YOU SEEKING OTHER EMPLOYMENT?	
HOW WERE YOU REFERRED TO HIGHLANDS HOSPITAL? (Indicate Person, School, Newspaper, Agency, Website, etc.)		
IN WHAT CAPACITIES HAVE YOU EVER WORKED AT HIGHLANDS HOSPITAL IN THE PAST? Check All That Apply <input type="checkbox"/> NONE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> AGENCY/CONTRACT STAFF <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> STUDENT/INTERN <input type="checkbox"/> INDEPENDENT PRACTITIONER <input type="checkbox"/> OTHER		
DO YOU HAVE RELATIVES <input type="checkbox"/> YES	Name	Department Relationship
WORKING FOR HIGHLANDS? <input type="checkbox"/> NO		
HAVE YOU EVER SUBMITTED AN APPLICATION TO HIGHLANDS HOSPITAL IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "Yes" -- Position Applied For :	Date Submitted

EDUCATION

SCHOOL NAME AND FULL MAILING ADDRESS	MAJOR	CIRCLE LAST YEAR COMPL.	IF GRADUATE MO./YR	DEGREE REC'D	GPA
High School		1 2 3 4			
Trade / Business School		1 2 3 4			
College		1 2 3 4			
Graduate School		1 2 3 4			
If you did not graduate, please explain:					
If you are planning to pursue further studies, please describe program, class times, etc.:					

PROFESSIONAL LICENSURE, REGISTRATION, CERTIFICATION

TYPE	LIC. / REG. / CERT. #	ORIGINAL DATE	MOST RECEIPT RENEWAL DATE	EXPIRATION DATE

SPECIALIZED TRAINING AND / OR EXPERIENCE

CLERICAL:				
Typing Speed: _____ wpm	<input type="checkbox"/> Shorthand	<input type="checkbox"/> Dictating Equipment	<input type="checkbox"/> Medical Terminology	
COMPUTER SKILLS:				
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Data Base	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Graphics
LIST ANY SPECIAL SKILLS, QUALIFICATIONS, OR CREDENTIALS NOT ALREADY DESCRIBED:				

MILITARY SERVICE

DO YOU HAVE ANY EXPERIENCE FROM MILITARY SERVICE THAT WOULD BE RELEVANT TO THE JOB(S) FOR WHICH YOU ARE APPLYING

PERSONAL / PROFESSIONAL REFERENCES

LIST THREE PEOPLE WHO ARE FAMILIAR WITH YOU ON A PERSONAL OR PROFESSIONAL BASIS [DO NOT INCLUDE RELATIVES]:			
NAME	MAILING ADDRESS and/or E-MAIL ADDRESS	TELEPHONE #	OCCUPATION

IF HIRED, CAN YOU FURNISH PROOF OF AGE IF REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW FOR ANY OFFENSES OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	
Conviction of a crime will not necessarily result in denial of employment. Factors such as age at time of offense, the relationship, if any, between the offense and the job you are applying for, remoteness of offense, sentence time and rehabilitation will be taken into account in determining suitability for employment in the job(s) applied for. [Adjudications in Pa. Juvenile Court are NOT considered criminal convictions.]	

UNEMPLOYMENT

ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT DURING AT LEAST THE PAST 5 YEARS

FROM	TO	DESCRIBE WHAT YOU WERE DOING	PERSONAL REFERENCE WHO CAN VERIFY THIS INFO.	
Mo./Yr.	Mo./Yr.		NAME	ADDRESS
Mo./Yr.	Mo./Yr.		NAME	ADDRESS
Mo./Yr.	Mo./Yr.		NAME	ADDRESS

RECORD OF EMPLOYMENT

List all employment for at least the last 10 years, starting with your current or most recent position. Attach a separate sheet if needed. Complete all information requested even if you are submitting a resume.

COMPANY NAME	JOB TITLE / TYPE OF WORK
FULL MAILING ADDRESS	SUPERVISOR'S NAME / TITLE
	STARTING SALARY ENDING SALARY
TELEPHONE ()	STATUS (full-time, part-time, temporary, other)
DATES EMPLOYED	REASON FOR LEAVING
FROM TO	
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FULL MAILING ADDRESS	SUPERVISOR'S NAME / TITLE
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