



EAST LIVERPOOL CITY HOSPITAL

425 West Fifth Street
East Liverpool, OH 43920
Phone: (330) 386-2022

Please read carefully – Fill in all information

Interview Date/Time _____
Interviewer _____
Interview Date/Time _____
Interviewer _____

Application
For Employment

Date _____

PERSONAL

Name _____

Social Security Number _____

Address _____
Street _____

City _____ State _____ Zip Code _____

Previous address if you have lived at above address less than 3 years: _____

Telephone Number (include area code): Home _____
Business _____

If hired, can you provide proof that you are 18 years of age or, if under the age of 18, do you have a permit to work? YES NO

If hired, can you furnish proof that you are eligible to work in the United States? (If you are unsure of the documents needed to prove eligibility to work in the United States, we will be happy to explain the legal requirements.) YES NO

APPLICANT EMPLOYMENT INFORMATION

Employment desired: First choice _____
Second choice _____

Date available for work: _____

Wage or salary desired: _____

East Liverpool City Hospital is open 24 hours a day and requires employees to work a variety of shifts. Please check which of the following you would be available to work:

Days Afternoons Nights Saturdays, Sundays
Holidays

Employees are hired based on the needs of the hospital. Please check which of the following types of positions you would be willing to work:

Full-time Part-time Temporary

Do you hold CPR Certification? YES NO

Have you worked for this Hospital before? ___ YES ___ NO
 If yes, indicate dates of employment: from _____ to _____

Reason for leaving: _____

Do you have any commitments to another employer that might affect your employment with our Hospital?
 ___ YES ___ NO If yes, explain _____

Do you have dependable transportation to work? ___ YES ___ NO

Do you hold certification or registration for the position for which you are applying? ___ YES ___ NO

Have you ever pled guilty to or been convicted of a crime (misdemeanor or felony) for which the record has not been expunged (removed)? ___ YES ___ NO

Have you been excluded from participation in any federal healthcare program, including Medicare, Medicaid or Champus? ___ YES ___ NO

PREVIOUS WORK EXPERIENCE- please list your three most recent positions

Current or most recent position

Company and Address		
Position		Employment dates:
Reason for leaving		
Supervisor	Phone	May we contact this employer? ___ YES ___ NO
Description of duties		Final Salary

Previous position

Company and Address		
Position		Employment dates:
Reason for leaving		
Supervisor	Phone	May we contact this employer? ___ YES ___ NO
Description of Duties		Final Salary

Previous position

Company and Address		
Position	Employment dates:	
Reason for leaving		
Supervisor	Phone	May we contact this employer? ___ YES ___ NO
Description of Duties		Final Salary

EDUCATION

Please circle last year of
 Formal education completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 7 8 Grad 1 2 3 4

Name and location of High School (city and state) _____

Program of study _____

Did you graduate? ___ YES ___ NO ___ G.E.D.

College, University, Business, Technical, and Vocational Schools (**list most recent school attended first**)

1) Name and location of school (city and state) _____

Program of study or major coursework _____

Years of attendance, graduation date and degree _____

2) Name and location of school (city and state) _____

Program of study or major coursework _____

Years of attendance, graduation date and degree _____

3) Name and location of school (city and state) _____

Program of study or major coursework _____

Years of attendance and degree _____

Graduate School

Name and location of school (city and state) _____

Program of study or major coursework _____

Years of attendance and degree _____

PERSONAL REFERENCES

Please list three references that are not relatives:

Name	Home Phone (include area code)	Business Phone (include area code)

I hereby certify that the information set forth on this application is true and accurate to the best of my knowledge. I understand that falsified statements or omissions on this form shall be considered sufficient cause for nonconsideration for employment. Further, I understand that if I am employed, falsified statements or omissions on this form shall be considered sufficient cause for dismissal. I realize that past employment records, references and other information stated by me are subject to inquiry, and I hereby authorize East Liverpool City Hospital to investigate any of the above-stated information, and I release said Hospital and my former employers from any liability resulting from said investigations. I also understand that any offer of employment is conditioned on the completion of pre-employment tests, a criminal background check and documentation. I will, upon request, sign all necessary consent forms.

Signature _____ Date _____

Applicants: do not write below this line

Registration or License Verification

Registration or License Number _____ Expiration Date _____

State of Licensure _____ Phone Verification? Yes No

Verified by _____ Date _____

Office of Inspector General Verification Completed? Yes No

Date contacted for interview: _____

Date interviewed by department head _____

Date interviewed by Human Resources _____

Date position offered _____ ACCEPTED REJECTED

Date of health testing _____