

EastRidge Health Systems intends to provide a safe and healthful environment for employees and consumers. You will be expected to successfully pass a drug screen test as part of the post-offer application process.

APPLICATION FOR EMPLOYMENT

EastRidge Health Systems

235 South Water Street
Martinsburg, WV 25401

It is the policy of EastRidge Health Systems to provide equal opportunity to all qualified persons and not to discriminate against any employee or applicant for employment because of race, sex, color, religion, age, national origin, or handicap.

PERSONAL INFORMATION

1. _____
Last Name *First* *Middle*

2. _____
Street *City* *County* *State* *Zip*

3. _____
Home Telephone Number *Work Telephone Number*

4. Are you under 18 years of age? Yes___ No___

5. Have you ever been convicted of a felony? Yes___ No___

6. Are you eligible to work in the United States? Yes___ No___

7. Did anyone refer you to EastRidge Health Systems? _____

8. Position(s) for which you are applying: _____

9. Are you willing to work Full-Time? [] Are you willing to work Evenings? []
Are you willing to work Part-Time? [] Are you willing to work Midnights? []
Are you willing to work Overtime? [] Are you willing to work Rotating Shift? []
Are you willing to work Days? []

10. Date Available for Employment _____

11. Give names, addresses, telephone numbers of three personal references.
Do not list relatives or former employers.

A. _____
Name *Telephone Number*

Street *City* *County* *State* *Zip*

B. _____
Name *Telephone Number*

Street *City* *County* *State* *Zip*

C. _____
Name *Telephone Number*

Street *City* *County* *State* *Zip*

EDUCATION

12. Elementary and High School (Circle Last Year Completed) 5 6 7 8 9 10 11 12

High School _____

Name of Last School Attended

City

State

Zip

13. Office Training:

Check Courses Taken:

Full Name and Address of School

Typing

Bookkeeping

Accounting

Other: _____

14. Trade, Technical or Industrial Schools:

Full Name and Address of School

Major Courses Taken and Learned Skills:

Diploma or Certificate Received: _____

15. College or University:

A. Name of Address of Institution

Dates Attended

Major: _____

Minor: _____

From _____ / _____
mo / yr

Degree

Received: _____

From _____ / _____
mo / yr

B. Name of Address of Institution

Dates Attended

Major: _____

Minor: _____

From _____ / _____
mo / yr

Degree

Received: _____

From _____ / _____
mo / yr

C. Name of Address of Institution

Dates Attended

Major: _____

Minor: _____

From _____ / _____
mo / yr

Degree

Received: _____

From _____ / _____
mo / yr

16. Honors, Licenses, Certificates, Registrations and other Achievements that do not reflect sex, racial, ethnic, age, or religious background:

MILITARY SERVICE AND EMPLOYMENT RECORDS

17. Record of Military Service:

Date(s) of Entry(s)
into Military Service

Date of Last
Separation

Grade or Rank
at Separation

Describe job duties while in the military:

18. Employment Records: List all previous employers starting with the most recent first.

A. Employer's Name (Give specific name of company, firm, institution, etc.)

Name

Telephone Number

Street

City

County

State

Zip

Dates Employed

From: _____ / _____ To: _____ / _____

Present or

Final Salary: _____

Job

Title: _____

Description of Duties in Detail:

Supervisor's Name

Business Telephone

Reason for
Leaving

May we check references [] Yes [] No
If no, why? _____

B. Employer's Name (Give specific name of company, firm, institution, etc.)

Name

Telephone Number

Street

City

County

State

Zip

Dates Employed

From: _____ / _____ To: _____ / _____

Present or

Final Salary: _____

Job

Title: _____

Description of Duties in Detail:

Supervisor's Name

Business Telephone

Reason for
Leaving

May we check references [] Yes [] No
If no, why? _____

C. Employer's Name (Give specific name of company, firm, institution, etc.)

Name _____		Telephone Number _____		
Street _____	City _____	County _____	State _____	Zip _____
Dates Employed From: _____ / _____ To: _____ / _____		Present or Final Salary: _____	Job Title: _____	

Description of Duties in Detail: _____

Supervisor's Name _____ Business Telephone _____

Reason for Leaving _____ May we check references [] Yes [] No
If no, why? _____

19. Summarize any additional employment not listed above: _____

20. Briefly describe special qualities, skills, experiences, or training you have had that would enable you to work effectively with the mentally ill or mentally retarded: _____

I hereby certify that all answers and statements given by me on this application are true, complete, and accurate. I understand that if I am employed, false statements on this application will result in immediate termination. I further understand that this application is not intended to be a contract of employment, nor does this application obligate **EastRidge Health Systems** in any way. Furthermore, I understand that if I am hired, my employment can be terminated with or without cause at any time at the discretion of either the company or myself. Further, I understand that I cannot be granted an oral promise of employment by anyone with the company. I understand and agree that no written **EastRidge Health Systems** policies or statements of policy shall ever be, or shall ever be intended to be, or shall not ever have the effect of creating a contract of employment between me and **EastRidge Health Systems**. I understand and agree that my employment relationship with **EastRidge Health Systems** will be at all times "at will."

In addition, I am granting **EastRidge Health Systems** the authority to conduct work and character reference inquiries, educational/licensure/certification verifications, and criminal background investigations as needed, except where indicated otherwise by me. I hereby expressly **RELEASE EastRidge Health Systems** and any employers identified in this application from any and all liability or claims whatsoever for the disclosure of information requested to **EastRidge Health Systems**. Further, if I am offered employment or if I am employed, I agree to participate in medical examinations as may be required.

This application for employment shall be considered active for a period of time not to exceed **90 days**. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

Date Signature of Applicant

