



The Willows

Independent Living • Personal Care • Memory Care
part of Heritage Valley Health System

This hospital is an equal opportunity/affirmative action employer under executive Order 11246 and the Pennsylvania Contract Compliance Regulations; Under the Rehabilitation Act of 1973 and the Vietnam Era Veterans Act. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, age, sex, national origin, ancestry, or non-job related handicap.

APPLICATION FOR EMPLOYMENT

(Please Print)

Positions(s) Applied For _____ Application Date _____

Expected Salary _____

Full-Time _____ Part-Time _____ Would you be willing to accept Temporary Employment? _____

Are you willing to work all Shifts? Yes _____ No _____ If not, state those that are NOT acceptable _____

If your application is considered favorably, on what date will you be available to work? _____

Were you previously employed by us? _____ If so, when? _____

How did you hear about us? Job Site (Monster/Career Link) _____ Walk-In

Employee Referral _____ Other _____

PERSONAL INFORMATION

Name _____

Other names now or previously used _____

Present Address _____

Telephone Number (____) _____

Alternate Telephone Number (____) _____

Social Security Number _____

(where you may be contacted during normal business hours or where a message can be left for you)

Are you 18 years of age or older? Yes _____ No _____

Have you ever pled guilty or been convicted of a crime other than a misdemeanor or summary offense
Yes _____ No _____ If yes, please explain _____

List any of your relatives who work for Ohio Valley General _____

EDUCATION

High School or GED: Number of Years Completed (Please circle the highest) 1 2 3 4

School _____ City _____ State _____ Zip Code _____

High School Diploma: Yes _____ No _____

College: Number of Years Completed (Please circle the highest) 1 2 3 4

School _____ City _____ State _____ Zip Code _____

Major _____ Degree Earned/Expected _____ Year Earned _____

OTHER TRAINING OR DEGREES

School (s) _____ City _____ State _____ Zip Code _____

Course _____ Diploma/Degree Earned/Expected _____ Year Earned _____

Current employment license, registration or certification number (s) _____

From which state/commonwealth or accrediting organization? _____

Expiration Date, if any _____

Please state any training, experience, education, or any other facts which particularly qualify you for the job(s) for which you are applying. Include capabilities on any business machines _____

Have you lived outside the State of Pennsylvania within the last two years?

EMPLOYMENT

List most recent employer first. Include U.S. military service.

| DATE MONTH & YEAR | NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER (Include Zip Code) | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|---|--------|----------|--------------------|
| From _____ To _____ | | | | |
| From _____ To _____ | | | | |
| From _____ To _____ | | | | |
| From _____ To _____ | | | | |

Are you currently employed? Yes _____ No _____ May we contact your current employer? Yes ____ No ____
 May we contact all other employers listed? Yes _____ No _____
 Have you ever been discharged by a previous employer? Yes _____ No _____
 If yes, please explain _____

If the job(s) for which you are applying require (s) a bond, state if you have ever been bonded.
 Yes _____ No _____
 If you have been bonded, list the jobs for which you were bonded: _____

If you have been refused a bond, please describe in detail: _____

REFERENCES

List two professional references that we may contact in regards to your employment:

1. _____ telephone number
 Name/Occupation
2. _____ telephone number
 Name/Occupation

PLEASE COMPLETE THIS APPLICATION BY READING AND SIGNING THE NEXT PAGE.

APPLICATION

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) applied for _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____ Phone () _____
 Last First Middle

Address _____
 Number Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicap and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about disabilities is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black/African-American Hispanic/Latino
 Amer/Alaska Indian Asian Hawaiian/Pac Island
 Two or more

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Individual with a Disability

PLEASE READ CAREFULLY BEFORE SIGNING

My signature below indicates that I have read, I understand and I agree to the following:

1. I hereby certify that the information I have provided in this employment application is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false information provided or any relevant information omitted (no matter when discovered) could result in the termination of my employment.
2. I authorize and instruct Ohio Valley Hospital - Senior Living at The Willows to make whatever inquiries it deems necessary of any person or organization, including other employees, to verify any of the information I have provided in this application and to determine my qualifications and abilities.
3. In exchange for Ohio Valley Hospital - Senior Living at The Willows agreement to receive, process and consider my application for employment, I hereby release Ohio Valley Hospital from any and all claims or causes of action arising out of Ohio Valley Hospital - Senior Living at The Willows verification of the information I have provided in this application and/or its determination of my qualifications and abilities.
4. I understand that as part of Ohio Valley Hospital - Senior Living at The Willows procedure for processing employment applications, an investigation and/or a report may be made by a consumer reporting agency in the process of which information sources, friends, neighbors, or others with whom I have been acquainted. This inquiry may include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I hereby authorize Ohio Valley Hospital - Senior Living at The Willows to have such an investigation and/or report made. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by Ohio Valley Hospital - Senior Living at The Willows of the nature and scope of the investigation requested.
If this application for employment is denied either wholly or partly because of information contained in a consumer reporting agency, I understand that Ohio Valley Hospital - Senior Living at The Willows shall so advise me and shall supply me with the name and address of the consumer reporting agency making the report.
5. I understand that employment at Ohio Valley Hospital - Senior Living at The Willows continues only as long as the employee and Ohio Valley Hospital - Senior Living at The Willows both wish to continue. I understand that, if I am hired by Ohio Valley Hospital - Senior Living at The Willows, either I or Ohio Valley Hospital - Senior Living at The Willows may terminate my employment at any time for any or no reason. I further understand that any modification of this arrangement must be reduced to writing and signed by me and an administrative representative of Ohio Valley Hospital - Senior Living at The Willows.
6. I understand that employment at Ohio Valley Hospital - Senior Living at The Willows may be contingent on my signing a Confidentiality and Conflict of Interest Agreement and I will do so upon hire or after, if requested.
7. I consent to the written release of scholastic data to the Ohio Valley Hospital - Senior Living at The Willows.
8. I understand that employment at The Willows is contingent on satisfactory passing a post-offer drug screen, criminal background check, two-step TB test and any other medical examination which may be required.

Date _____ Signature: _____

PLEASE NOTE: We will be happy to explain any of the above statements that are unclear to you prior to you signing this release. PLEASE ASK FOR ASSISTANCE IF YOU DO NOT UNDERSTAND THE INFORMATION CONTAINED IN THE (8) POINTS LISTED ABOVE.