



**NASON HOSPITAL**  
 105 NASON DRIVE  
 ROARING SPRING PA 16673  
 (814)224-2141

FOR OFFICIAL USE ONLY  
 LOCATION \_\_\_\_\_ POSITION \_\_\_\_\_  
 RATE \_\_\_\_\_ STATUS \_\_\_\_\_  
 DATE \_\_\_\_\_ REF. CHECK \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

(COMPLETE ALL SECTIONS OF THIS APPLICATION)

Nason Hospital is an equal opportunity employer which hires U.S. Citizens and alien workers authorized to work in the U.S. on the basis of job-related factors only. Federal and State laws prohibit discrimination in employment practices because of race, color, religion, age, non-job related handicap or disability, sex, national origin or status as a Vietnam era or special disabled veteran. No information sought by this application is for the purpose of limiting or excluding any applicant's consideration for employment because of such factors.

## CURRENT INFORMATION

NAME(Last,First,Middle)	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
U.S. CITIZEN OR LEGALLY ENTITLED TO WORK IN THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOUR FORMER EMPLOYMENT REFERENCE, EDUCATION, ETC., HAS BEEN UNDER ANOTHER NAME, PLEASE INDICATE			

DO YOU HAVE ANY RELATIVES WORKING HERE AS SUPERVISORS, INCLUDING IN THE DEPARTMENT FOR WHICH YOU ARE APPLYING  YES  NO

IF YES, RELATIVE(S) NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_

## POSITION SOUGHT

Position(s) Sought: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

Were you previously employed by Nason Hospital?     YES     NO    If YES, when, in what department and position?

DATES \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

DATES \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

## AVAILABILITY

<input type="checkbox"/> FULL TIME	What Shifts Can You Work?	<input type="checkbox"/> Days	Will you Work on Call, If Necessary?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> PART-TIME		<input type="checkbox"/> Evenings		Will you Work Other Shifts, If Necessary?    Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> CASUAL		<input type="checkbox"/> Nights		Will you Work Weekends and Holidays?    Yes <input type="checkbox"/> No <input type="checkbox"/>
		Will you Work in any Area of the Dept.?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

If you are available for part-time employment only, please list days and hours you would be available for work:

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20\_\_\_\_

## REGISTRATION/LICENSE

PROFESSIONAL POSITION-RELATED REGISTRATION AND/OR LICENSURE:

TYPE \_\_\_\_\_ STATE \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_ DATES \_\_\_\_\_

TYPE \_\_\_\_\_ STATE \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_ DATES \_\_\_\_\_

## GENERAL INFORMATION

ARE YOU CURRENTLY EMPLOYED?

YES       NO

IF YES, MAY WE CONTACT OF YOUR PRESENT EMPLOYER FOR REFERENCES?

YES       NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR  YES  NO      IF YES, PLEASE EXPLAIN. A CONVICTION MAY NOT NECESSARILY DISQUALIFY YOU FROM THE POSITION SOUGHT.

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## SKILLS

PLEASE LIST ANY OTHER JOB-RELATED SKILLS, ABILITIES AND EXPERIENCE, INCLUDING JOB-RELATED WITH EQUIPMENT OR MACHINES, SPECIAL COMPUTER KNOWLEDGE, DICTAPHONE SKILLS, CERTIFICATIONS, ETC.

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IF YOU ARE SEEKING A CLERICAL POSITION, PLEASE INCLUDE

TYPING \_\_\_\_\_ WPM

## EDUCATION

**EDUCATION: Please give complete educational history below**

School	Name and Address of School	Course of Study	Circle Last Year Completed				List Diploma or Degree GRADUATE OR GED: YES ____ NO ____
			1	2	3	4	
High School							
College							
Graduate							
Other (Specify)							

PLEASE INCLUDE ANY ADDITIONAL COURSES, WORKSHOPS, OR SEMINARS THAT RELATE TO THE POSITION(S) SOUGHT:

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# EMPLOYMENT RECORD

List your present or most recent employer first. Account for **complete** work history below. **Use additional page if necessary.**

FROM MO. ___ YR. ___	NAME, ADDRESS, ZIP CODE OF EMPLOYER	POSITION HELD	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME HRS./WK. ____
TO MO. ___ YR. ___		NAME/TITLE LAST SUPERVISOR	
DUTIES:		REASON FOR LEAVING:	

FROM MO. ___ YR. ___	NAME, ADDRESS, ZIP CODE OF EMPLOYER	POSITION HELD	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME HRS./WK. ____
TO MO. ___ YR. ___		NAME/TITLE LAST SUPERVISOR	
DUTIES:		REASON FOR LEAVING:	

FROM MO. ___ YR. ___	NAME, ADDRESS, ZIP CODE OF EMPLOYER	POSITION HELD	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME HRS./WK. ____
TO MO. ___ YR. ___		NAME/TITLE LAST SUPERVISOR	
DUTIES:		REASON FOR LEAVING:	

FROM MO. ___ YR. ___	NAME, ADDRESS, ZIP CODE OF EMPLOYER	POSITION HELD	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME HRS./WK. ____
TO MO. ___ YR. ___		NAME/TITLE LAST SUPERVISOR	
DUTIES:		REASON FOR LEAVING:	

FROM MO. ___ YR. ___	NAME, ADDRESS, ZIP CODE OF EMPLOYER	POSITION HELD	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME HRS./WK. ____
TO MO. ___ YR. ___		NAME/TITLE LAST SUPERVISOR	
DUTIES:		REASON FOR LEAVING:	

FROM MO. ___ YR. ___	NAME, ADDRESS, ZIP CODE OF EMPLOYER	POSITION HELD	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME HRS./WK. ____
TO MO. ___ YR. ___		NAME/TITLE LAST SUPERVISOR	
DUTIES:		REASON FOR LEAVING:	

# PLEASE READ AND SIGN THE FOLLOWING

## APPLICANT PLEASE READ CAREFULLY BEFORE SIGNING.

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

I hereby certify that the information I have provided in this employment application is true and complete. I understand and accept that there will be no consideration of this application to the extent that I fail to supply job-related information, such as unexplained gaps in my employment history. I understand that if I am hired, the discovery of any false information provided or any relevant information omitted ( no matter when discovered) will result in the termination of my employment.

I authorize and encourage Nason Hospital and its agents to make whatever inquiries it deems necessary in connection with my application for employment or in the course of review of my employment should I be hired. I authorize and encourage all persons, schools, companies, corporations, credit bureaus, department of motor vehicles, and law enforcement agencies to supply information concerning my background to Nason Hospital and its employees and agents. I release Nason Hospital, its employees and agents, and all persons who provided information to Nason Hospital, or its employees or agents, concerning me from liability for any damages on account of inquiry into, and the furnishing of, said information.

As a part of Nason Hospital's procedure for processing employment applications, a job-related investigation and/or a consumer report may be made by a consumer-reporting agency. Information may be obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others who know me. This inquiry may include information concerning my character, work habits, including reasons for past terminations from employment-general reputation, personal characteristics, criminal history, and mode of living , to the extent they bear on my ability to perform the essential functions of the job(s) sought by me. I authorize and encourage Nason Hospital to conduct such an investigation and/or have such a report made. If Nason Hospital intends to rely on any such report in whole or in part and takes action adverse to me; Nason Hospital will supply me with the report and my rights before taking any such action. Consistent with law, I will execute a separate authorization concerning this.

I understand and accept that this application will apply only to the position(s) sought by me at this time and that I need to submit another application if I seek future vacancies, including those for the position(s) sought at this time.

I understand and accept that, if hired, Nason Hospital may provide me with use of its property, including, for instance, a desk, locker, and/or computer hardware and software. To ensure that this Hospital property is used only for business purposes and not in violation of Hospital policy, I understand and accept that such equipment remains Hospital property, to be used only for legitimate business, and that they may be subject to announced or unannounced searches, including any electronic mail or voicemail created or received by me.

I understand and accept that if an offer of employment is made to me, it shall be contingent upon my completion of a post-offer pre-placement physical examination to the satisfaction of Nason Hospital. I hereby consent to undergo that physical examination which may include any and all tests and procedures determined by Nason Hospital to be helpful in evaluating my suitability for employment, including, without limitation to blood tests, urinalysis, x-rays, hair, controlled substance and/or alcohol testing.

I understand and accept that employment at Nason Hospital continues only as long as the employee and Nason Hospital both wish it to continue. I understand that if hired my employment is at will and my employment can be terminated at any time with or without cause and with or without notice. No oral or written representation to the contrary are binding unless signed in writing by Nason Hospital's President/CEO.

DATE

SIGNATURE