

Federal, state, and local laws and regulations prohibit discrimination on the basis of race, color, religion, national origin, ancestry, sex, disability, and age. Depending upon employment location, other employment prohibitions and restrictions may apply. The information on this application is not solicited for, nor will it be used for, the purpose of unlawful discrimination. BROOKVILLE HOSPITAL is an equal opportunity/affirmative action employer.

Personal Information (please print)

Last Name:	First Name:	Middle Initial:
Other names under which you may be found:		
Address:	Social Security#:	
	E-mail address:	
City:	State:	Zip:
		Phone Number: ()
		Cell Number: ()

Have you ever been employed by BROOKVILLE HOSPITAL in the past? No { } Yes { } If yes, indicate last year worked. _____

How did you learn about BROOKVILLE HOSPITAL or the opening for which you are applying?

Did a BROOKVILLE HOSPITAL employee refer you? No { } Yes { } If yes, please include name: _____

Do you have relatives employed at BROOKVILLE HOSPITAL? No { } Yes { } If yes, please include name and relationship:

Are you younger than 18 years old? No { } Yes { }

Are you a United States citizen, or an alien authorized to be hired for the job(s) for which you are applying?
No { } Yes { }

Employment Desired

Position:	Facility:	Date available to start:	Salary Desired:
Work Status Preferred: { <input type="checkbox"/> } Full-time { <input type="checkbox"/> } Part-time { <input type="checkbox"/> } Casual { <input type="checkbox"/> } Per Diem { <input type="checkbox"/> } Temporary			

License/Certification/Registry

List any certifications, registries, or licenses you hold that may help qualify you for employment:

Type	State	Issued Date	Expiration Date	Identification #

Please attach a copy of any current license, registry, or certification, if applicable.

Education

	Institution Name/Address	Major	Graduate Yes/No	Degree
High School			Yes No	
City/State				
College			Yes No	
City/State				
Graduate School			Yes No	
City/ State				
Technical School			Yes No	
City/State				

Professional Membership

List any job-related professional or technical organizations to which you belong: _____

Military Service

Dates	Branch	Assignment	Final Rank	Type of Discharge
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Skills

List all computer software and hardware you can use:

Typing Speed	Ten-key { } Yes { } No	Shorthand { } Yes { } No
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Medical Terminology: { } No { } Yes If yes, obtained how { } Course Completion { } Work Experience { } Other

Please indicate any employers you do not want us to contact and explain why: _____

Employment History

Please list all employers with most current first. Persons applying for professional, licensed, registered or certified positions are encouraged to attach a resume. This section must be completed in its entirety.

Start Date Month/Year ____/____/____ End Date Month/ Year ____/____/____	Employer	Position/ Title	Supervisor
	Street		
	City State Zip		
	Phone Number ()		
Reason For Leaving			
Start Date Month/Year ____/____/____ End Date Month/ Year ____/____/____	Employer	Position/ Title	Supervisor
	Street		
	City State Zip		
	Phone Number ()		
Reason For Leaving			
Start Date Month/Year ____/____/____ End Date Month/ Year ____/____/____	Employer	Position/ Title	Supervisor
	Street		
	City State Zip		
	Phone Number ()		
Reason For Leaving			
Start Date Month/Year ____/____/____ End Date Month/ Year ____/____/____	Employer	Position/ Title	Supervisor
	Street		
	City State Zip		
	Phone Number ()		
Reason For Leaving			
Start Date Month/Year ____/____/____ End Date Month/ Year ____/____/____	Employer	Position/ Title	Supervisor
	Street		
	City State Zip		
	Phone Number ()		
Reason For Leaving			

References: (list at least (3) professional references) (Former Supervisors; Co Workers; Professional Affiliates)

Name:	Affiliation
Street	
City State Zip	
Phone Number ()	Number of years known
Name:	Affiliation
Street	
City State Zip	
Phone Number ()	Number of years known
Name:	Affiliation
Street	
City State Zip	
Phone Number ()	Number of years known

General Information

Have you ever been released, discharged, or laid off from any position? { } Yes { } No

If yes, explain: _____

Have you ever been convicted of or pled guilty or nolo contendere to a crime? { } Yes { } No

If yes, describe, in full: _____

(A criminal conviction will not necessarily disqualify you from employment, but failure to disclose conviction, with accurate details, will.)

Driver's License

Driver's License #: State: Type: Exp. Date:

Please Read Carefully, Initial Each Paragraph, and Sign and Date at the Bottom of the Page

If I am offered employment, as a condition of employment, I will be required to produce sufficient documentation of my identity and right to work in the United States; and to attest, under penalty of perjury, that the documents I have produced are genuine and relate to me pursuant to the immigration Reform and Control Act of 1986. Additionally, as a condition of employment, I will be subject to a federal sanctions background check.

I understand that any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered, will result in my immediate dismissal or removal of my application from consideration for employment. I certify that the information I have provided in this application is true and complete.

I understand I will be required to possess a current and valid driver's license if my job requires me to drive in the course of my work.

I authorize Brookville Hospital to execute an Act 169/13 and or Act 33 clearance if and when required by the job role for which I am applying. If my job roles do not require the completion of the Act 169/13 and or Act 33 clearance, you need not to submit the attached clearance application. However, your voluntary submission of the attached clearance application form at this time of application may protect you from future withdrawals of a job offer or dismissal from employment if a covered violation is discovered and you were selected for a job role requiring the clearance.

If BROOKVILLE HOSPITAL offers me employment, it may be contingent upon my completion of a job-related medical examination to the satisfaction of BROOKVILLE HOSPITAL. I consent to undergo that medical examination which will include tests and procedure considered helpful by the company in evaluating my suitability for employment, including, without limitation, blood tests, hair test, urinalysis, and x-rays.

I authorize and encourage BROOKVILLE HOSPITAL to make whatever inquiries it considers necessary of any person or organization which is not a consumer reporting agency to verify any information provided in the application to determine my job-related qualifications and abilities. In exchange for BROOKVILLE HOSPITAL's agreement to receive, process, and consider my application for employment, I release BROOKVILLE HOSPITAL and all persons, schools, and organizations, contacted by BROOKVILLE HOSPITAL from liability for any damages arising out of BROOKVILLE HOSPITAL's verification of the information provided in this application and/or its determination of my job-related qualifications and abilities. Additionally, as a part of BROOKVILLE HOSPITAL's procedure for processing employment applications, there may be a job-related investigation and/or report 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-general reputation, personal characteristics, and mode of living, to the extent that they bear on my ability to perform the essential functions of the job(s) sought by me. I authorize and encourage BROOKVILLE HOSPITAL to conduct such an investigation and/or have such a report made and to make whatever inquiries it considers necessary in connection with my application for employment or in the course or review of my employment. I authorize and encourage all persons, schools, or organizations, including, without limitation, companies, corporations, credit bureaus, departments of motor vehicles, and law enforcement agencies, to supply job-related information concerning my background to BROOKVILLE HOSPITAL and its agents. I release BROOKVILLE HOSPITAL, its employees and agents, and all persons who provide information concerning me to BROOKVILLE HOSPITAL; its employees, or agents, from liability for any damages arising out of supplying, receiving, or acting upon such information.

If hired, I understand and acknowledge that my employment at BROOKVILLE HOSPITAL will be "at will," and that no member of management or other employee of BROOKVILLE HOSPITAL, other than the President of BROOKVILLE HOSPITAL, shall have the authority to enter into a contract of employment for a specified term or to otherwise modify such "at will" employment. This means that my employment, if hired, may be terminated by me or BROOKVILLE HOSPITAL at any time for any reason, with or without cause, except as prohibited by law; provided, however, that where applicable, BROOKVILLE HOSPITAL will comply with the terms of any collective bargaining agreement entered into with a labor organization duly certified in accordance with the National Labor Relations Act. To be effective, any modification of this "at will" arrangement must be in writing and signed by me and the President of BROOKVILLE HOSPITAL.

I have read, understand, and agree to the foregoing and that, to the best of my knowledge and belief; the information on this application is true, correct, and complete. My typed name shall have the same force and effect as my written signature.

Date: _____ **Signature:** _____

Please Mail Completed Application To:

Brookville Hospital
100 Hospital Road
Brookville, PA 15825