



# WOOD COUNTY HOSPITAL

950 W. Wooster Street, Bowling Green, OH 43402  
419-354-8900

This application will be considered for 6 months after it is filed, and for consideration after that time reapplication is required.  
This hospital does not discriminate in hiring for employment on the basis of race, color, religion, creed, national origin, sex, ancestry, age, or handicap. No question on this application is intended to secure information to be used for such discrimination.

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone or Pager (if available) \_\_\_\_\_

E-mail (optional) \_\_\_\_\_ Position Applied For \_\_\_\_\_

Have you ever used any other name? \_\_\_\_ If yes, what? \_\_\_\_\_

Shift Desired: 7-3 \_\_\_\_ 3-11 \_\_\_\_ 11-7 \_\_\_\_ Other \_\_\_\_\_

What do you wish to work?: 4-5 days  3 Days or Less  Summer Only  Weekends  Per Diem

Are you age 18 or over? Yes  No

Are you legally authorized to work in the United States? Yes  No

Do you have reliable transportation? Yes  No

Do you have a Professional Certification or Registration Number? (RN, LPN, LAB, or Other) No. # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  (Conviction of a crime will be considered only as it relates to the job in question and will not necessarily disqualify an applicant.)

**PLEASE NOTE: WE KINDLY ASK THAT YOU COMPLETE THE FOLLOWING EDUCATION AND EMPLOYMENT SECTIONS RATHER THAN NOTING "SEE RESUME".**

### WHAT SCHOOLS HAVE YOU ATTENDED?

Name and location of School or College	Course or Major	Did you Graduate?	No. of Years Attended	Degree Obtained

### FORMER EMPLOYERS/EXPERIENCE

(You may mark an "X" beside those employers you do not wish us to contact.)

Name and Address	Position/Job Responsibilities	Dates Employed	Starting Salary	Last Salary	Reason for Leaving

### PERSONAL REFERENCES (Not Relatives)

Name	Address	Phone	Business	Known How Long?

**SPECIAL SKILLS:** Word Processing Speed \_\_\_\_\_ wpm Medical Terminology \_\_\_\_\_  
Competent in: Excel \_\_\_\_\_ PowerPoint \_\_\_\_\_ Word \_\_\_\_\_ Access \_\_\_\_\_ Other: \_\_\_\_\_

Is there anything you wish to write about yourself, your customer service skills, or other talents that would help us place you with our hospital? \_\_\_\_\_

**REFERRAL SOURCE:** What led you to apply at Wood County Hospital?

- Employment Agency  Job Posting  Recruiter  Newspaper Advertisement  Internet  School  
 Job Fair  Walk In  Website  Other \_\_\_\_\_  
 Employee Referral - *Please provide the name of the WCH employee who referred you.* \_\_\_\_\_

Were you previously employed by Wood County Hospital? Yes  No  If yes, when? \_\_\_\_\_

When are you able to begin work? \_\_\_\_\_

**INFORMATION CERTIFICATION**

*The facts set forth in my application for employment are true and complete. I understand that if employed, false statements and/or omission of pertinent data on this application shall be considered sufficient cause for dismissal.*

**RECORDS AND REFERENCES**

*As an applicant for a position with Wood County Hospital, I am requested to furnish information for use in determining my moral, physical, and mental qualifications, including financial responsibility. Accordingly, I authorize release of any and all information the references on this application may have concerning me, including information of a confidential or privileged nature.*

*I hereby release Wood County Hospital, the references on this application, and any others from any liability or damage that may result from giving or receiving the information requested.*

*I also understand that any offer is conditioned on the completion of pre-employment/post-offer tests and documentation. I will, upon request, sign all necessary consent forms.*

**NATURE OF EMPLOYMENT**

*Should I be offered employment, I agree to conform to the rules and regulations of Wood County Hospital, and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Hospital or myself. I understand that no manager or representative, other than the President of the Hospital, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this. Any agreement for employment for any specified period of time with the President must be in writing and signed.*

**PARTICIPATION IN WOOD COUNTY HOSPITAL'S DRUG-FREE WORKPLACE INITIATIVE**

*I hereby certify that I am not a user of illegal drugs. Furthermore, I agree that, if employed, I will not work under the influence of alcohol or any illegal drug while in the workplace, while on duty, or while operating a vehicle or equipment owned or leased by the hospital.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Applicant, Please Do Not Write in Space Below Until Instructed)**

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Date To Start Work \_\_\_\_\_ 20\_\_\_\_ Department \_\_\_\_\_ Position \_\_\_\_\_

Compensation: \_\_\_\_\_ Days/Hrs. per week \_\_\_\_\_

*I, the applicant, understand my compensation will be as follows:*  Month  Week  Hour

*Signature of Applicant* \_\_\_\_\_ \$ \_\_\_\_\_

*Approved by* \_\_\_\_\_ *Title* \_\_\_\_\_

# Wood County Hospital

## DISCLOSURE FORM

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made concerning myself including consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance, and experience along with reasons for termination of past employment from previous employers. I have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as neighbors, friends or associates.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information:

**Print Full Name:** \_\_\_\_\_

**Print Former Name (if applicable):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **D.O.B. \*\*** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

\*\* Date of Birth is being requested in order to obtain accurate retrieval of records.

Information in this document is intended only as a service to inform or be educational in nature. Nothing herein should ever be construed as legal advice or opinion, nor as the offer of such.