EMPLOYMENT APPLICATION

FORM *171A (5/10)

Millcreek Community Hospital

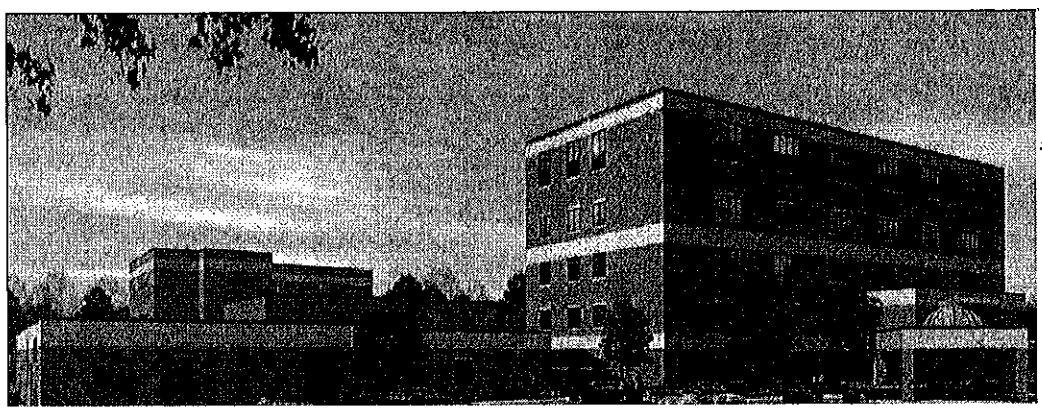
5515 Peach Street
Erie, PA. 16509
814/864-4031

Print Name

Last Name First Middle Initial

TOBACCO USERS

WE ARE A HEALTHCARE SYSTEM AND WE CARE ABOUT YOUR HEALTH. THEREFORE, **WE NO LONGER HIRE THOSE WHO SMOKE OR USE ANY TOBACCO PRODUCTS.** THIS IS INTENDED TO PROMOTE A HEALTHY, SAFE AND PRODUCTIVE ENVIRONMENT FOR ALL STAFF.



This hospital is an equal opportunity employer. No person shall on account of race, color, religious creed, national origin, ancestry, sex, age or qualified handicap/disability's be unlawfully excluded from consideration for employment.

Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.

Social Security Number

- AFTER COMPLETING APPLICATION, **PLEASE READ CAREFULLY AND SIGN -**

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. The Hospital requires applicants who receive an offer of employment to have positive employment references, pass a physical exam, background check and a drug screen.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Hospital.

Date

Signature of Applicant Date

FORM *171B

EMPLOYMENT APPLICATION

PERSONAL DATA

Legal Name - Last, First, Middle (Please Print)

Date

Current Address - Street No., City, State, Zip

Social Security #

E-mail Address

Phone #

( )

If former employment, education, or military service is under another name, please list:

Are you a U.S. Citizen?

☐ Yes ☐ No

If No, give Alien Registration Number:

Please Check Your Age Group:

☐ Under 18 ☐ 18-70 ☐ Over 70

WORK INTEREST

Position Applied For - First Choice:

Position Applied For - Second Choice:

If Hired, When Could You Start?

Which Do You Prefer?

☐ Full-Time
☐ Part-Time

Would You Accept?

☐ Part-Time
☐ Temporary

Could You Rotate Shifts?

☐ Yes ☐ No

What Shifts Can You Work?

Daytime Shift	☐ Yes	☐ No
Afternoon Shift	☐ Yes	☐ No
Night Shift	☐ Yes	☐ No
Weekends/Holidays	☐ Yes	☐ No

List any specific days or hours you CANNOT work

Are you aware of any PHYSICAL LIMITATIONS which may interfere with the work for which you are applying?

PLEASE CHECK ANY SPECIAL SKILLS BELOW

☐ Meditech ☐ Calculator ☐ Dictation Equipment ☐ Typing Speed (WPM)_____ ☐ Shorthand Speed (WPM)_____
☐ Computer ☐ Microsoft Office

CLERICAL EXPERIENCE

☐ Filing	☐ Accounts Payable	☐ Cashier	☐ Payroll
☐ Hospitalization	☐ Accounts Receivable	☐ Clerical Typist	☐ Receptionist
☐ Stock Clerk	☐ Admitting	☐ Medical Secretary	☐ Medical Records Clerk
☐ Switchboard	☐ Billing	☐ Medical Transcriber	

BACKGROUND

Have you ever worked at this hospital before?

☐ Yes ☐ No

If Yes, when?

What position?

Describe any special training or certification received other than nursing skills:

Have you ever been convicted of a felony? ☐ Yes ☐ No

*A "yes" answer will not necessarily disqualify you from consideration for employment.

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No

EDUCATIONAL BACKGROUND

Have You Earned Either A High School Diploma or G.E.D? ☐ Yes ☐ No

Dates Mo./Yr.	Schools Attended	Name and Address	Graduated	Course or Major
FROM TO	High School		☐ Yes ☐ No	
FROM TO	College or University		☐ Yes ☐ No	
FROM TO	Graduate School		☐ Yes ☐ No	
FROM TO	Technical or Professional		☐ Yes ☐ No	

EMPLOYMENT HISTORY

Are You Currently Employed? ☐ Yes ☐ No

If Yes, May We Contact Your Current Employer? ☐ Yes ☐ No

Dates, Mo./Yr. Please list employers, beginning with current or most recent employer.
Attach an additional sheet if necessary.

FROM	Name of Employer	Position	Last Salary
TO	Full Address - Street No., City, State, Zip Code	Supervisor	Phone No.
DUTIES		Reason for Leaving	
FROM	Name of Employer	Position	Last Salary
TO	Full Address - Street No., City, State, Zip Code	Supervisor	Phone No.
DUTIES		Reason for Leaving	
FROM	Name of Employer	Position	Last Salary
TO	Full Address - Street No., City, State, Zip Code	Supervisor	Phone No.
DUTIES		Reason for Leaving	

EMPLOYMENT APPLICATION

REFERENCES

Name & Address	Please list professional references who can evaluate you in your professional capacity.	
1	Occupation	
		Phone ( ) -
2	Occupation	
		Phone ( ) -
3	Occupation	
		Phone ( ) -

THIS SECTION FOR HUMAN RESOURCES USE ONLY.

Name Of Applicant: _____

Sent Request To Administration		References	
Received Request From Administration		Fingerprinting	
Sent Background		Clearances	
Received Background		Schedule Physical	
Human Resources Interview		Administration Interview	

Physical Date		Time		Orientation Date
Job Title				Shift
Status: (Circle)	FULL TIME	PART TIME	PER DIEM	Hours Per Week:
Pay Rate	Hourly:	Salary:		Replaces:
Authorized Signature				Department/Unit

HR Manager Approval: _____

EMPLOYMENT APPLICATION

Department of Nursing - Supplement to the Hospital Employment Application

EDUCATIONAL BACKGROUND

Date Mo. / Year School Attended for Nursing Certification	Graduated?	Program
From	☐ Yes ☐ No	☐ Associate
To	Year _____	☐ Baccalaureate ☐ Diploma

If you graduated within the past year, please give hospital affiliate and address.

Please list any professional licenses or certifications you have earned.

Type	State Issued	Registration #	Date	Exp. Date

List any continuing education programs you have attended in the past year.

Describe any additional education, training, or certification not listed above.

GOALS

In the space below, please briefly describe your career goals.

REFERENCES

Please list professional references who can evaluate you in your professional capacity.

Name & Address	Occupation
1	
	Phone ( ) -
2	
	Phone ( ) -
3	
	Phone ( ) -

EMPLOYMENT APPLICATION

Department of Nursing • Supplement to the Hospital employment application

I.D.

Legal Name - Last, First, Middle (Please print)

Social Security #

WORK INTEREST

Please check position applied for:

- ☐ Ward Clerk
- ☐ Certified Nurse's Aide
- ☐ Other _____
- ☐ Registered Nurse
- ☐ Graduate Nurse
- ☐ Licensed Practical Nurse
- ☐ Graduate Practical Nurse

The hospital has the following nursing units. Please indicate, in order of preference (1,2,3) your first three choices.

Unit	Pref.	Unit	Pref.
Medical/Surgical		Out-Patient Surgery	
Acute Geriatric Unit		Behavioral Health	
Intensive Care Unit		Detox	
Operating Room		Transitional Care Unit	
Emergency Room		Obstetrics, Gynecology, Labor & Delivery, Nursery	

BACKGROUND

Please check any skills you have as a Nursing Assistant and indicate whether it was acquired through classroom instruction, practical experience or both.

Class	Exp		Class	Exp		Class	Exp	
		Sitz Bath			Straining Urine			Recording Intake
		Mouth Care			Soap Solution Enema			Recording Output
		Hair Care			Tap Water Enema			Ice Bags
		Positioning Patients			Fleet or Oil Ret. Enema			Hot Water Bottles
		Making Unoccupied Beds			Temperatures - oral			Applying Ace Bandages
		Making Occupied Beds			Temperatures - rectal			Applying Support Stockings
		Collecting Routine Urines			Temperatures - auxillary			Perineal Care
		Collecting Sterile Urines			Pulse - Radial			Urine Reduction
		Collecting Stool Specimens			Respiration			Acetone Tablets
		Collecting Sputum Specimens			Feeding Patients			Test Tube Method
		Specific Gravity			Recording Patient Height			Test Tape Method
		Hematets			Measure Quastic Drainage			