



MORE
THAN A HOSPITAL

Titusville Area Hospital
406 West Oak Street, Titusville, PA 16354

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #/P.O. Box

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

List all previous employment during the past ten years starting with the most recent. Use additional sheets if needed.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Name while employed: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Name while employed: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Name while employed: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references. **Do not list friends or relatives.**

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Disclaimer and Signature

I certify that all information on this application (and accompanying resume, if any) is accurate and complete to the best of my knowledge. I understand and agree that any misrepresentation, omission, false, or incomplete answer or statement by me may cause Titusville Area Hospital to eliminate me from further consideration for employment, or, if hired, to immediately terminate my employment, whenever it is discovered.

I hereby authorize Titusville Area Hospital or its agents to verify all statements contained in this application and/or my resume to the extent permitted by federal, state or local law. To the extent permitted by federal, state, or local law, I release all parties from any liability arising out of this provision and the use of such information.

I understand that if offered employment, my employment with Titusville Area Hospital may be contingent upon certain requirements, depending upon the job position and applicable law, including but not limited to: a review of references, and collection and review of other background information including criminal conviction information, all in accordance with applicable law. I understand that any offer of employment is contingent upon complying with these Titusville Area Hospital requirements, including but not limited to, executing a separate Consent and Authorization to conduct a background check.

I understand and agree that I must, as a condition of employment, satisfactorily complete a post-offer physical examination.

I understand and agree that if I receive a conditional offer of employment, I must submit to a pre-employment drug test and receive a negative drug test result.

If hired, I understand that proof of authorization to work in the U.S. will be required in accordance with applicable law. I further understand, if hired, Titusville Area Hospital may request that I execute other documents (including, but not limited to, agreements regarding training, trade secrets, confidential information and conflicts of interest).

I understand that I will receive notification of the location of all Titusville Area Hospital policies and procedures. I understand that Titusville Area Hospital and the benefit plan administrators and insurance companies, if applicable, have the maximum discretion under the law to administer, interpret, modify, discontinue, enhance, or otherwise modify policies, practices, benefits, or other terms and conditions of employment.

Substance Abuse Testing

Titusville Area Hospital Inc. recognizes that services, safety and overall performance of the organization can be damaged by substance abuse. Titusville Area Hospital is thus committed to maintaining a substance abuse free work environment.

After the interviewing and selection process are complete and an offer of employment has been extended, Titusville Area Hospital will schedule a post-offer employment physical, including substance abuse testing, which must be successfully completed prior to the actual employment.

Signature: _____ Date: _____