



Employment Application

An Equal Opportunity Employer

DATE: _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

- Northside Medical Center
 Forum Health at Home
 Trumbull Memorial Hospital
 Hillside Rehabilitation Hospital
 Forum Health Outreach Labs

POSITION APPLIED FOR: First Choice _____ Second Choice _____

(Check all that apply)

- Full Time Part Time Temporary Per Diem
 Shift or hours you can work: First Second Third Other _____
 Can you work weekends? Yes No

- Are you 18 years of age or over?** Yes No
 Medical Terminology Yes No Typing Yes _____ wpm No

Identify Software that you are proficient:

Other Indicate _____

Education:	Name	City/State	Number of Yrs. Completed	Did you graduate?	Type of Degree
High School					
Business or Trade School					
College or University (Undergraduate)					
College or University (Graduate)					
Other Special Training (include Military)					

Professional Licenses and/or Certifications: Are you currently: Registered Licensed Certified
 Eligible for: Registration Licensure Certification

Type State Registration/ Licensure/Certification Number Issue Date Expiration Date

Employment Record: *List most recent first.*

May we contact your present employer? Yes No Contact me first for permission

Has your former employment, references, education or military service been under any other name other than indicated? Yes No. If yes, please indicate name _____ and dates used _____ .

1. Employer _____ Telephone (____) _____
 Address _____ Employed (indicate month and year)
 _____ From _____ To _____
 Name of Supervisor _____ Hourly rate/salary _____
 Indicate job title and describe your work _____ Reason for leaving _____

2. Employer _____ Telephone (____) _____
 Address _____ Employed (indicate month and year)
 _____ From _____ To _____
 Name of Supervisor _____ Hourly rate/salary _____
 Indicate job title and describe your work _____ Reason for leaving _____

3. Employer _____ Telephone (____) _____
 Address _____ Employed (indicate month and year)
 _____ From _____ To _____
 Name of Supervisor _____ Hourly rate/salary _____
 Indicate job title and describe your work _____ Reason for leaving _____

Additional Information

List any other special job related skills, qualifications, training (including training in military service) or experience which you would like to have considered that are related to the position(s) for which you are applying. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Professional References

1.	2.	3.
_____	_____	_____
Name	Name	Name
_____	_____	_____
Title of Reference	Title of Reference	Title of Reference
_____	_____	_____
Company Name	Company Name	Company Name
_____	_____	_____
Company Address w/Zip	Company Address w/Zip	Company Address w/Zip
_____	_____	_____
Day Phone Number	Day Phone Number	Day Phone Number

Have you ever been dismissed or asked to resign from a place of employment? Yes No

If yes, give details _____

Have you ever been convicted of any criminal offense other than a minor traffic violation? (Conviction records are not necessarily a bar to employment. Factors such as time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

Yes No If yes, give details _____

Have you ever been sanctioned by an agency of the federal government and consequently been excluded, debarred, suspended or otherwise ineligible to participate in federal health care programs? Yes No

Have you ever been employed by Forum Health or any affiliated corporation?

Yes No Where _____ Dates of employment _____

Applicant's Statement

Please read and sign the following statements and authorizations:

Forum Health is an equal opportunity employer and does not discriminate on the basis of ethnicity, color, religion, sexual orientation, gender, age, handicaps or national origins. It has always been and continues to be our practice to treat all employees fairly. Periodically there will be changes in hospital policies and you will be notified of such. It should be clearly understood that hospital policy is not to be considered a contract, nor part of a contract, and no employee of the hospital has any contractual rights to the matters set forth in hospital policy. Further, employment may be subject to termination at any time by you or by the hospital.

I authorize Forum Health to conduct an investigation of my application for employment and release from liability all persons, schools, companies, corporations, or law enforcement agencies providing information. I understand that any false statements in connection with this investigation will be sufficient cause for immediate discharge or withdrawal of an offer of employment.

I further agree, if employed, to abide by all Forum Health rules and regulations. I also agree that upon termination, regardless of cause, any indebtedness owing to Forum Health, for which I am responsible, will be deducted from my final paycheck.

This is to authorize the registrar/guidance office to release my education transcript and information on my educational records to Forum Health. I understand this information will be used for reference purposes only.

I also authorize the release of my employment date, evaluation of working performance, and any other relevant information, and the release or use, for fundraising and other promotional purposes for the benefit of Forum Health, of any photographs, images or likeness of me that might be taken or drawn during my employment.

I certify that the information on this application is true and complete and I understand that false statements may be considered cause for termination. I understand that I may be required to pass a physical examination including a drug screen prior to final acceptance of my application for employment. I further understand that any employment given me will be on probationary/introductory basis.

Signature _____ **Date** _____

REFERRAL SOURCE (Indicate name of employee, advertisement, etc., where you heard about us.)

Employee Name: _____ One Stop State Employment: _____
School Name: _____ Agency Name: _____
Business Referral Source: _____ Name of Newspaper: _____
Forum Health Website Yes No Other Advertisement Source: _____
Walk-in Yes No Website Name: _____
Other: _____

FOR USE IF APPLICANT IS EMPLOYED

(Human Resource Use Only)

HR _____ DOB _____ MARITAL STATUS _____ SS# _____

VRF Number: _____ Department: _____ Cost Center: _____ FTE: _____

Education Requirements Verified: _____ HS/GED _____ AS/AA _____ BS/BA _____ Masters _____
(Circle One)

License/Certification Requirements Verified: _____ (License/Certification Date)

Position Removed from Online Posting and Vacancy List: _____ (FH Website, Careerboard, Monster)

Corporate Screening Results _____

Position #: _____

Testing Requirements Completed/Passed: FCE _____
Typing _____
Learning Packet _____
Other _____

Compliance Checks Completed: _____

Employee Physical Scheduled: (Includes Drug Testing) _____ Results Received: _____

- I-9 Completed/SSAN Verified Job Description Reviewed Information Entered Into Lawson
- Computer Access Requested Probation Appraisal Received Department Orientation Checklist Received
- System Wide Orientation/Attendance Verified

Employee No. _____ Bargaining Unit _____ Pay Plan _____

Status FT PT Temp Per Diem

Hire Date _____ Pay Rate (Hourly/Salary) _____ Hospitalization _____

Process Level _____ Salary Class Hourly Salaried Basic Life Insurance _____

Cost Center _____ Schedule _____ Supplemental _____

Job Title _____ Grade & Step _____ Position Number _____

Job Code _____ FTE _____

Supervisor _____ Exempt Yes No

In case of emergency, please contact:

Name _____ Relationship _____
Address _____ City/State/Zip _____
Phone (home) _____ Phone (work) _____
Signature (Applicant) _____ Date _____
Signature (HR Representative) _____ Date _____

DISCLOSURE AND CONSENT REGARDING CONSUMER REPORTS

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, investigative consumer reports, criminal, driving and other reports. These reports may include information as to my character, 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: _____

Social Security Number ____ - ____ - _____ DOB** _____

Current Address _____

City / State / Zip _____

Drivers License Number _____ State _____

Applicant's Signature _____

Prospective Employer _____

**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.