



DO NOT WRITE IN SHADED AREA Human Resources Use Only

Job Title _____ Department _____ Status _____
Date Accepted _____ Start Date _____ Paygrade/Salary _____
Employee # _____ Badge # _____ Department # _____

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

Last Name _____ First Name _____ Middle Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____ Phone no. _____ Mailing Address _____

Position(s) applied for: _____ Full-time _____ Part-time _____ Can you work shifts? _____

Have you ever been employed with Weirton Medical Center? ___ Yes ___ No If so, when? _____

Are you a US citizen? ___ Yes ___ No If no, does your immigration status permit you to work? ___ Yes ___ No

Upon employment proof citizenship must be provided.

Have you served in the military? ___ Yes ___ No Branch _____ Dates _____ Final Rank _____

Have you ever been convicted of a crime (other than a traffic violation)? ___ Yes ___ No

Please explain: _____ Conviction will not necessarily disqualify employment.

Education Circle highest year completed: 8 9 10 11 12 13 14 15 16 17 18 19 20+

Name of High School _____ Location _____ Major _____ GPA _____ Diploma _____ GED _____ Neither _____

Trade/Professional School _____ Location _____ Major _____ GPA _____ From _____ To _____ Degree earned _____

College/University _____ Location _____ Major _____ GPA _____ From _____ To _____ Degree earned _____

College/University _____ Location _____ Major _____ GPA _____ From _____ To _____ Degree earned _____

Graduate School _____ Location _____ Major _____ GPA _____ From _____ To _____ Degree earned _____

Specialized Training, Apprenticeship, or skills including computer skills and office machines.

Professional Licensure/Certification Please list all license/certifications held.

Type _____ State _____ License/Certification no. _____ Date Issued _____ Expiration Date _____

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AN EQUAL OPPORTUNITY EMPLOYER

Weirton Medical Center recruits, hires and extends equal opportunity in all terms, conditions, and privileges of employment without regard to age, race, color, religion, national origin, or disability.

Employment History Begin with current or last job, *listing ALL jobs* including military assignments.

1.	From	To	Employer	Address	Job Title
	Supervisor		Phone no.	Job Duties	Final salary
2.	From	To	Employer	Address	Job Title
	Supervisor		Phone no.	Job Duties	Final salary
3.	From	To	Employer	Address	Job Title
	Supervisor		Phone no.	Job Duties	Final salary
4.	From	To	Employer	Address	Job Title
	Supervisor		Phone no.	Job Duties	Final salary

IF YOU NEED ADDITIONAL SPACE PLEASE USE A SEPARATE SHEET OF PAPER

Can your current employer be contacted for a reference? ___Yes___No
Special job-related skills and qualifications for employment, or other experience: _____

References Other than Previous Employers or Relatives

1.	Name	Address	Phone no.	Occupation	Years Known
2.	Name	Address	Phone no.	Occupation	Years Known
3.	Name	Address	Phone no.	Occupation	Years Known

AUTHORIZATION AND AGREEMENT

I agree (1) to submit myself upon request for post offer physical examination by the Weirton Medical Center physician, and understand a job offer is contingent upon the satisfactory result of such exam; (2) to be governed by all Weirton Medical Center policies and procedures. (3) that any job offer is contingent upon satisfactory presentation of the documents required by law. I understand that Weirton Medical Center will provide a reasonable accommodation to qualified individuals with disabilities, unless the accommodation would impose an undue hardship on the organization.

Should I be given employment by the Weirton Medical Center, in any capacity, now or in the future, I hereby agree that such employment may be terminated by the Weirton Medical Center or myself at any time, for any or no reason, with or without prior notice. I hereby acknowledge that the Weirton Medical Center's liability to me upon termination is solely for wages or salary earned and for benefits accrued by me at the date of such termination.

I understand that the Inspector General of the Department of Health and Human Services requires Weirton Medical Center to identify ineligible persons who have been deemed ineligible to participate in Federal health care programs and that Weirton Medical Center is required to my eligibility. In signing below I agree that I have not been, nor am I currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs; or been convicted of a criminal offense related to the provision of health care items or services and have not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.

I hereby authorize Weirton Medical Center, and also authorize and request each person, firm or corporation given above as a reference, and each former employer, to answer any and all questions that may be asked and to give any and all information that may be sought in connection with this application or concerning my ability or qualifications as a prospective employee. Any information found to be false or misleading by submission or omission will constitute sufficient grounds for dismissal.

Signature

Date