

EastRidge Health Systems intends to provide a safe and healthful environment for employees and consumers. You will be expected to successfully pass a drug screen test as part of the post-offer application process.

## APPLICATION FOR EMPLOYMENT

### EastRidge Health Systems

235 South Water Street  
Martinsburg, WV 25401

It is the policy of EastRidge Health Systems to provide equal opportunity to all qualified persons and not to discriminate against any employee or applicant for employment because of race, sex, color, religion, age, national origin, or handicap.

### PERSONAL INFORMATION

1. \_\_\_\_\_  
*Last Name* *First* *Middle*

2. \_\_\_\_\_  
*Street* *City* *County* *State* *Zip*

3. \_\_\_\_\_  
*Home Telephone Number* *Work Telephone Number*

4. Are you under 18 years of age? Yes\_\_\_ No\_\_\_

5. Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_

6. Are you eligible to work in the United States? Yes\_\_\_ No\_\_\_

7. Did anyone refer you to EastRidge Health Systems? \_\_\_\_\_

8. Position(s) for which you are applying: \_\_\_\_\_

9. Are you willing to work Full-Time? [ ]      Are you willing to work Evenings? [ ]  
Are you willing to work Part-Time? [ ]      Are you willing to work Midnights? [ ]  
Are you willing to work Overtime? [ ]      Are you willing to work Rotating Shift? [ ]  
Are you willing to work Days? [ ]

10. Date Available for Employment \_\_\_\_\_

11. Give names, addresses, telephone numbers of three personal references.  
Do not list relatives or former employers.

A. \_\_\_\_\_  
*Name* *Telephone Number*

\_\_\_\_\_  
*Street* *City* *County* *State* *Zip*

B. \_\_\_\_\_  
*Name* *Telephone Number*

\_\_\_\_\_  
*Street* *City* *County* *State* *Zip*

C. \_\_\_\_\_  
*Name* *Telephone Number*

\_\_\_\_\_  
*Street* *City* *County* *State* *Zip*

# EDUCATION

12. Elementary and High School (Circle Last Year Completed)    5    6    7    8    9    10    11    12

High School \_\_\_\_\_

*Name of Last School Attended*

*City*

*State*

*Zip*

13. Office Training:

Check Courses Taken:

Full Name and Address of School

Typing

Bookkeeping

Accounting

Other: \_\_\_\_\_

14. Trade, Technical or Industrial Schools:

Full Name and Address of School

Major Courses Taken and Learned Skills:

Diploma or Certificate Received: \_\_\_\_\_

15. College or University:

A. Name of Address of Institution

Dates Attended

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_  
mo / yr

Degree Received: \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_  
mo / yr

B. Name of Address of Institution

Dates Attended

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_  
mo / yr

Degree Received: \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_  
mo / yr

C. Name of Address of Institution

Dates Attended

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_  
mo / yr

Degree Received: \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_  
mo / yr

16. Honors, Licenses, Certificates, Registrations and other Achievements that do not reflect sex, racial, ethnic, age, or religious background:

\_\_\_\_\_  
\_\_\_\_\_

# MILITARY SERVICE AND EMPLOYMENT RECORDS

17. Record of Military Service:

Date(s) of Entry(s)  
into Military Service

Date of Last  
Separation

Grade or Rank  
at Separation

Describe job duties while in the military:

18. Employment Records: List all previous employers starting with the most recent first.

A. Employer's Name (Give specific name of company, firm, institution, etc.)

<i>Name</i>		<i>Telephone Number</i>		
<i>Street</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>
Dates Employed From: _____ / _____ To: _____ / _____		Present or Final Salary: _____		Job Title: _____

Description of Duties in Detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Business Telephone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we check references  Yes  No  
 If no, why? \_\_\_\_\_

B. Employer's Name (Give specific name of company, firm, institution, etc.)

<i>Name</i>		<i>Telephone Number</i>		
<i>Street</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>
Dates Employed From: _____ / _____ To: _____ / _____		Present or Final Salary: _____		Job Title: _____

Description of Duties in Detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Business Telephone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we check references  Yes  No  
 If no, why? \_\_\_\_\_

C. Employer's Name (Give specific name of company, firm, institution, etc.)

Name _____		Telephone Number _____		
Street _____	City _____	County _____	State _____	Zip _____
Dates Employed From: _____ / _____ To: _____ / _____		Present or Final Salary: _____	Job Title: _____	

Description of Duties in Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Business Telephone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we check references [ ] Yes [ ] No  
If no, why? \_\_\_\_\_

19. Summarize any additional employment not listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Briefly describe special qualities, skills, experiences, or training you have had that would enable you to work effectively with the mentally ill or mentally retarded: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all answers and statements given by me on this application are true, complete, and accurate. I understand that if I am employed, false statements on this application will result in immediate termination. I further understand that this application is not intended to be a contract of employment, nor does this application obligate **EastRidge Health Systems** in any way. Furthermore, I understand that if I am hired, my employment can be terminated with or without cause at any time at the discretion of either the company or myself. Further, I understand that I cannot be granted an oral promise of employment by anyone with the company. I understand and agree that no written **EastRidge Health Systems** policies or statements of policy shall ever be, or shall ever be intended to be, or shall not ever have the effect of creating a contract of employment between me and **EastRidge Health Systems**. I understand and agree that my employment relationship with **EastRidge Health Systems** will be at all times "at will."

In addition, I am granting **EastRidge Health Systems** the authority to conduct work and character reference inquiries, educational/licensure/certification verifications, and criminal background investigations as needed, except where indicated otherwise by me. I hereby expressly **RELEASE EastRidge Health Systems** and any employers identified in this application from any and all liability or claims whatsoever for the disclosure of information requested to **EastRidge Health Systems**. Further, if I am offered employment or if I am employed, I agree to participate in medical examinations as may be required.

This application for employment shall be considered active for a period of time not to exceed **90 days**. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
Date Signature of Applicant

