



EMPLOYMENT APPLICATION

800 West Main Street
Coldwater, Ohio 45828
Phone: 419 – 678 –2341

NAME _____ HOME PHONE NUMBER _____
 PRESENT ADDRESS _____ How long have you lived there? _____
 PERMANENT ADDRESS _____ Are you 18 years of age or older? (Y/N) _____
 IN CASE OF EMERGENCY NOTIFY _____ RELATIONSHIP _____
 Address _____ Phone # _____

EMPLOYMENT / PERSONAL DATA

Position Desired	Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No.	Pay Expected \$
Date Available	Shift Desired <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Rotating	Willing to Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends	
		<input type="checkbox"/> On Call <input type="checkbox"/> Summer Only	

Have you filled out an application here before? Yes No Date: _____

Have you ever been employed here before? Yes No Date: _____

Are you a citizen of the United States? Yes No

Do you have any friends, relative, other than your spouse working here? Yes No

If yes, please list name(s) and relationship: _____

Are you on lay-off and subject to recall? Yes No

Have you ever been subject of investigation, suspended or otherwise restricted from participating in any private, federal, or state health insurance program? Yes No

Do you have any physical conditions which may require an accommodation to perform the particular job for which you are applying? _____

EDUCATION DATA

Circle the highest education level completed:
 Elementary 1 2 3 4 5 6 7 8 High 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4

School	Name of School	Location	Grad?		Course
			Yes	No	
High School					
College(s)	(1.)				
	(2.)				
Graduate					
Technical or Professional					
Other					

Degree _____ Major Field _____ Are you studying now? Yes No What? _____

PERSONAL REFERENCES (not employer or relative)

Name/ Occupation	Address	Phone	Business



EMPLOYMENT APPLICATION Pg. 2

800 West Main Street
Coldwater, Ohio 45828
Phone: 419-678-2341

WORK HISTORY

(Record U.S. Military Services as a position)

List below the names of all your former employers, beginning with the most recent: a. Employer's Name b. Address/PhoneNumber	Time Employment				Job Title Nature of Work	Starting Salary	Final Salary	Reasons for leaving	Name of Immediate Supervisor (Title)
	From		To						
	Mo	Yr	Mo	Yr					
1.a.									
b.									
2.a.									
b.									
3.a.									
b.									
4.a.									
b.									

Indicate by number _____ any of the above employers whom you do not wish us to contact.
Please explain: _____

SPECIAL SKILLS AND ABILITIES

Do you type? Yes No

Can you operate a transcriber? Yes No Other office machines you can operate skillfully _____

Do you have a working knowledge of Medical Terminology? Yes No

List any foreign language spoken fluently _____

PROFESSIONAL LICENSE AND / OR CERTIFICATIONS

VERIFIED

TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	
TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	
TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	

Write here any additional information which you feel might affect your application _____

APPLICATION SPECIFICATIONS

I certify that the answers given by me to the forgoing questions and statements are true and correct. I agree that Mercer Health shall not be liable in any respect if my employment is terminated because of falsification of statements, answers, or omissions made by me in this questionnaire. I expressly authorize Mercer Health to check my employment references to determine my suitability for employment. I also authorize the companies, schools, or persons named to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from liability for any damages for issuing this information.

I understand that if I am employed, it would be for an introductory period; that if, in the judgement of the institution, I prove unsatisfactory during this period, the employment may be terminated by the hospital without notice; and that after this introductory period, the employment may be terminated by either party upon notice to the other. I also understand that my employment at Mercer Health is contingent upon the satisfactory recommendations from former employers and references.

DATE _____ 20____ SIGNATURE OF APPLICANT _____

EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____

My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

Notice to California Applicants:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

By checking this box, I request to receive a free copy of any "Report" ordered on me.

***** IF FAXING REQUEST, THIS SECTION MUST BE COMPLETED BY EMPLOYER FOR PROCESSING *****

Customer Number MCH101#00001 Location or Store Number Date Submitted
Contact Person _____ Phone Number _____ Position Applied For _____
Information Requested:
Combined Report: _____
Individual Reports:
Criminal Convictions County(s) and state(s) _____
Motor Vehicle Report Credit Report Education Workers' Comp
Prior Employment: Last 2 Last 3 Professional License Other: _____

THIS FORM PROVIDED BY



P.O. Box 531172 Cincinnati, OH 45253

Telephone - 513.522.8764 / 800.325.3609

Fax - 513.728.4420 / 888.767.2435

Non-Discretionary Influenza Vaccine

Mercer Health requires annual influenza vaccine for all new and current employees, medical staff, contract employees, students and volunteers. This immunization will be necessary to obtain and/or retain employment or volunteer within the organization. The immunization must be received no later than November 30th of each year. This policy supports our mission and vision to provide the safest delivery of healthcare to those seeking our services. Mercer Health is complying with recommendations from expert panels and professional organizations, including the Joint Commission on Accreditation of Hospitals who strongly advises that healthcare providers be vaccinated against influenza. The intent is to protect patients, employees, visitors, and the community from influenza infection. This policy applies to all personnel, regardless of direct patient care contact.

Tobacco Free Campus

Mercer Health and all of its facilities are tobacco free. Employees are not allowed to utilize tobacco products while on the clock at work. While off the clock (i.e.: meal break) tobacco products may only be utilized at the employees personal vehicle. Please know that if you are an employee who works by his/herself on a shift it may not be possible for you to leave the facility to go to your car. In that event the employee will not be able to utilize tobacco products during any of his/her shift.

Drug and Alcohol Free Campus

Mercer Health is a drug free facility. All new hires will be drug tested. Drug and/or alcohol testing will also occur in the case of reasonable suspicion after employment has occurred.