

THE WOMEN'S HEALTHCARE GROUP

[a Division of Susquehanna Valley Women's Health Care]

1693 South Queen Street, York, PA 17403 717/845-1621

Susquehanna Valley Women's Health Care/The Women's Healthcare Group is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ e-mail: _____
Last First Middle

Address _____
Number & Street City State Zip Code

Phone #s: Home _____ Cell _____ Soc. Security #: _____

Are you over 18 years old? ___ Yes ___ No Are you legally eligible for employment in the United States?
___ Yes ___ No (If offered employment, you will be required to provide documentation to verify eligibility.)

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?
A conviction will not necessarily automatically disqualify you for employment. Yes ___ No ___

If yes, please provide details (dates and location for all convictions)

Have you ever been terminated from employment or asked to resign by an employer? Yes ___ No ___

If yes, please provide company names and details

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes ___ No ___

EMPLOYMENT DESIRED: Full Time: ___ Part Time: ___ Position desired: _____

Date you can start _____ Hourly Rate/Salary desired _____

Can you produce proof that you are eligible to work in the USA? Yes ___ No ___

Days you are available to work _____

Can you work any shift? Yes ___ No ___ Can you work overtime? Yes ___ No ___

Are you currently employed? _____ If so may we inquire of your present employer? _____

REFERRAL SOURCE:

How did you hear about us? _____

Have you ever worked for this company before? No ___ Yes ___ Explain _____

Do you know anyone who works for our company? No ___ If yes, who? _____

EDUCATION:

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY:

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. _____

Computer Skills (please describe):

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) held _____

State of Pennsylvania License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

REFERENCES:

Give the names of three persons unrelated to you whom you have worked within the last three (3) years.

	Name	Address/Phone/Email	Company & <u>Position</u> w/Company	Years Known
1.				
2.				
3.				

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Susquehanna Valley Women's Health Care/The Women's Healthcare Group to verify their accuracy and to obtain reference information on my work performance. I hereby release The Women's Healthcare Group from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that the successful completion of a background check is a requirement for employment with Susquehanna Valley Women's Health Care/The Women's Healthcare Group.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____

I, _____, have received, read, understand and agree to the Background Check in its entirety. If I had questions regarding the policy, I have asked and received explanations, eliminating any confusion I may have had. I have also been advised that any future questions can be directed to Human Resources.

I hereby authorize Susquehanna Valley Women's Health Care/The Women's Healthcare Group to conduct any and all reference and background checks it desires that are listed under the terms of the Background Check Policy, and with this I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of all liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of all information that I have provided, and also release my educational transcripts to the Company for education verification purposes.

I understand and agree that the results of my reference and background checks may affect the employment decision of Susquehanna Valley Women's Health Care/The Women's Healthcare Group, and I hereby release Susquehanna Valley Women's Health Care/The Women's Healthcare Group from any and all claims which may result from my reference and background check results.

I also understand that the Background Check Policy is subject to change without notice, in order to maintain compliance with government and industry standards, and Company policy.

Employee Signature:

Employee Printed Name:

Employee Social Security Number:

Date Received by Human Resources: