



EMPLOYMENT APPLICATION

Please complete the entire application.

Employer Information

Employer: Valley Regional Surgery Center
Address: 283 Looney Rd City/State/ZIP:
Piqua, Ohio 45356 Telephone:
937-778-3848

It is the policy of Valley Regional Surgery Center to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1. Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Years at this address: _____

Daytime phone: _____ Evening phone: _____

Mobile phone: _____

Social Security Number: _____

Driver's License(State/Number): _____

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime phone: _____ Evening phone: _____

3. Job Position Applied For: _____

Full or Part Time? _____

4. Are you at least 18 years old? Yes No



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5. Are you willing to work any shift, including nights and weekends? Yes No
If no, please state limitations _____
6. If applicable, are you available to work overtime? Yes No
7. If you are offered employment, when would you be available to begin work?
8. If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes No
9. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No
What reasonable accommodation, if any, would you request?

10. Have you ever been convicted of a felony or misdemeanor?
Yes, I was convicted of: _____ on date: _____
City: _____ State: _____
No, I have never had a conviction

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.



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11. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address _____
City/State/ZIP: _____
Job Duties: _____
Reason for LeavingLeaving: _____
Dates of Employment (Month/Year): From: _____ To: _____
Phone Number: _____

Employer Name: _____
Supervisor Name: _____
Address _____
City/State/ZIP: _____
Job Duties: _____
Reason for LeavingLeaving: _____
Dates of Employment (Month/Year): From: _____ To: _____
Phone Number: _____

Employer Name: _____
Supervisor Name: _____
Address _____
City/State/ZIP: _____
Job Duties: _____
Reason for LeavingLeaving: _____
Dates of Employment (Month/Year): From: _____ To: _____
Phone Number: _____



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12. Applicant's Education and Training

College/University Name and Address: _____

Did you receive a degree? Yes No If yes, degree(s) received:

High School/GED Name and Address _____

Did you receive a degree? Yes No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

Military Service:

Yes No

Branch: _____

Specialized Training: _____



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14. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

15. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:



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CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Valley Regional Surgery Center to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Director, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Valley Regional Surgery Center, except in a specific written contract of employment signed on behalf of the organization by its Director, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE _____ DATE _____