



# WYANDOT

## MEMORIAL HOSPITAL

885 North Sandusky Avenue, Upper Sandusky, Ohio 43351  
(419)294-4991

A RESUME MAY NOT BE SUBMITTED IN LIEU OF COMPLETING AN APPLICATION. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age (40 & older), national, origin, ancestry, disability, religion, or veteran status.

### APPLICATION FOR EMPLOYMENT

|  |   |       |        |                                      |
|--|---|-------|--------|--------------------------------------|
| <b>P<br/>E<br/>R<br/>S<br/>O<br/>N<br/>A<br/>L</b> | Last Name   | First | Middle | Date                                 |
|  | Street Address  |       |        | Home Phone<br>( )                    |
|  | City, State, Zip  |       |        | Business Phone<br>( )                |
|  | Have you ever applied for employment with us?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Month and Year: Dept: |       |        | Cell Phone<br>( )                    |
|  | Position Desired  |       |        |                                      |
|  | Are you available for full-time or part-time work?  |       |        | Pay Expected                         |
|  | Other special training, skills, certification(s), machine/computer operation, etc.  |       |        | When would you be available to work? |
|  | Shift preferred<br><input type="checkbox"/> Day <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>       |       |        |                                      |

State names of relatives and friends currently employed with us: \_\_\_\_\_

| <b>E<br/>D<br/>U<br/>C<br/>A<br/>T<br/>I<br/>O<br/>N</b> | SCHOOL      | NAME AND LOCATION | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE?   | DEGREE, DIPLOMA OR CERTIFICATE |
|--|-------------|-------------------|-----------------|------------------------|---|--------------------------------|
|  | College     |                   |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |
|  | High School |                   |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |
|  | Other       |                   |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |

Membership in professional or civic organizations (please EXCLUDE those which may disclose your race, color, religion, national origin, ancestry, sex, or other protected status): \_\_\_\_\_

# EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer. Add a sheet if necessary.

|          |  |   |
|----------|--|---|
| <b>1</b> | Company Name                           | Telephone<br>(     )  |
|          | Address                                | Employed (State Month and Year)<br>From:                      To: |
|          | Name of Supervisor                     | Weekly Pay<br>Start:                      Last:                   |
|          | State Job Title and Describe Your Work | Reason for Leaving  |

|          |  |   |
|----------|--|---|
| <b>2</b> | Company Name                           | Telephone<br>(     )  |
|          | Address                                | Employed (State Month and Year)<br>From:                      To: |
|          | Name of Supervisor                     | Weekly Pay<br>Start:                      Last:                   |
|          | State Job Title and Describe Your Work | Reason for Leaving  |

|          |  |   |
|----------|--|---|
| <b>3</b> | Company Name                           | Telephone<br>(     )  |
|          | Address                                | Employed (State Month and Year)<br>From:                      To: |
|          | Name of Supervisor                     | Weekly Pay<br>Start:                      Last:                   |
|          | State Job Title and Describe Your Work | Reason for Leaving  |

|          |  |   |
|----------|--|---|
| <b>4</b> | Company Name                           | Telephone<br>(     )  |
|          | Address                                | Employed (State Month and Year)<br>From:                      To: |
|          | Name of Supervisor                     | Weekly Pay<br>Start:                      Last:                   |
|          | State Job Title and Describe Your Work | Reason for Leaving  |

|          |  |   |
|----------|--|---|
| <b>5</b> | Company Name                           | Telephone<br>(     )  |
|          | Address                                | Employed (State Month and Year)<br>From:                      To: |
|          | Name of Supervisor                     | Weekly Pay<br>Start:                      Last:                   |
|          | State Job Title and Describe Your Work | Reason for Leaving  |

|  |                               |
|--|-------------------------------|
| We may contact the employers listed above unless you indicate those you do not want us to contact. | <b>DO NOT CONTACT</b>         |
|  | Employer Number(s)<br>Reason: |

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**COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES**

|  |                                       |
|--|---------------------------------------|
| Describe your duties and any special Training. | Branch of Service                     |
|  | Period of Active Duty<br>Month & Year |
|  | From: _____ To: _____                 |

Are you over 18 years of age?  Yes  No If not, employment is subject to verification of minimum legal age.

Have you ever been convicted of any crime, excluding minor traffic offenses (with a fine of \$200.00 or less)?  Yes  No

**NOTE:** A criminal conviction will not be an automatic bar to consideration for employment.

Give name, address and telephone number of three (3) references who are qualified to evaluate your capabilities and who are not related to you and are not previous employers.

|   | Name | Address | Phone Number |
|---|------|---------|--------------|
| 1 |      |         |              |
| 2 |      |         |              |
| 3 |      |         |              |

Are you able to demonstrate that you are a United States Citizen or that you have the legal right to remain permanently and to be employed for an indefinite period in the United States?  Yes  No

If no, what is your current VISA status? \_\_\_\_\_

**NOTE:** If you are hired you will be required to comply with the verification provisions of the Immigration Act as a condition of employment.

Have you ever been suspended, excluded or debarred from participation in (1) any federal procurement or non-procurement program, (2) Medicare or Medicaid, (3) TRICARE, or (4) any other federal, state, or local healthcare program?  Yes  No  
If yes, please provide details: \_\_\_\_\_

Are you subject to a non-compete or non-solicitation agreement with any of your former employers?  Yes  No If yes, please provide a copy.

Have you ever been fired, discharged or asked to resign from any job?  Yes  No If yes, please Explain: \_\_\_\_\_

Do you have reliable transportation to work?  Yes  No

- I certify that the answers given on this employment application are true, correct and complete. I understand and agree that any false or misleading information or omission given on my application, any other employment related document or in any interviews may result in withdrawal of any offer or may result in termination or employment if discovered after hire.
- I agree that if the Hospital offers me employment and I accept employment by commencing employment with the Hospital, that the compensation paid for my first day of employment serves as consideration for the following terms of my employment agreement:
  - My employment term is at-will, which means that either the Hospital or I can terminate my employment at any time without reason, and that such at-will status may only be changed in a writing specific to me, which specifically references a change to my at-will status and is signed by me and the Chief Executive Officer of the Hospital;
  - The Hospital may alter my compensation, Hospital provided benefits and its policies and procedures (other than my at-will status) at any time for any reason and that the identification of an "annual" salary neither alters my at-will status, nor the Hospital's right to alter my compensation;
  - (e) I specifically authorize the Hospital to deduct from any money owed me, any money I owe the Hospital;
  - I specifically authorize the Hospital to reduce any compensation owed me to the minimum amount required under federal and state law if I fail to provide two weeks written notice of my resignation;
  - I agree that any offer of employment is conditioned upon my completion of a health assessment/medical examination/drug test/criminal background and reference check with results satisfactory to the Hospital;
  - I understand that the Hospital is a smoke-free facility;
  - I agree that I have never been suspended, excluded, or debarred from participation in (i) any federal procurement or non-procurement program, (ii) Medicare or Medicaid, (iii) any other federal, state, or local healthcare program. I agree that if I am employed that if I am thereafter suspended, excluded, or debarred from the programs in (i)-(iii), I shall immediately inform the Human Resources Department in writing;
  - Among other dress code requirements, I understand that the Hospital does not permit employees to wear facial piercings, including tongue piercings, while on duty;
  - I authorize investigation of all statements contained in this application and all references listed to give the Hospital any and all information they may have personal or otherwise, as may be necessary in arriving at an employment decision. The Hospital may use this authority to check references. I release all parties from any and all liability for any damage that may result from furnishing information to the Hospital.

Signature

Printed Name

Date