

We only accept applications/resumes for current open positions.

PLEASE PRINT If you need assistance in completing this application, please contact Human Resources at 740/383-7983.

Name (Last, First, Middle Initial)		Address		City		State/Zip	
Social Security #		Phone #: (HOME)		Day Time Phone #		E-Mail Address	
Best Time To Contact You:		Are you a smoker?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you previously worked at Smith Clinic, Marion General, MedCenter Hospital, or Marion Area Health Center? <input type="checkbox"/> NO <input type="checkbox"/> YES		If YES, list facility, position(s), dates and reason for leaving:		Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		Wage/Salary requirements	
List Previous Last Names (used for reference checking only) Have you ever been convicted of a felony? <input type="checkbox"/> NO <input type="checkbox"/> YES		If yes, nature of conviction:		Company position is with		Wage/Salary requirements	
Position(s) for which you are applying		(First Choice)		Smith Clinic <input type="checkbox"/> Marion Ancillary Services <input type="checkbox"/> Marion Area Health Center		Wage/Salary requirements	
(Second Choice)		Smith Clinic <input type="checkbox"/> Marion Ancillary Services <input type="checkbox"/> Marion Area Health Center		How did you learn of the position for which you are applying?			
What days are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contingent <input type="checkbox"/> Temporary <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Summer		Please mark the job skills and/or experience that applies to you:			
CLERICAL <input type="checkbox"/> Calculator <input type="checkbox"/> Credit & Collection <input type="checkbox"/> Filing <input type="checkbox"/> Insurance/disability forms <input type="checkbox"/> Medical terminology		MEDICAL <input type="checkbox"/> Telephone/switchboard <input type="checkbox"/> Transcription <input type="checkbox"/> Typing / Word Processing <input type="checkbox"/> Computer skills <input type="checkbox"/> Vital Signs		MAINTENANCE <input type="checkbox"/> Veniculture <input type="checkbox"/> EMB/NC <input type="checkbox"/> EP <input type="checkbox"/> IOM <input type="checkbox"/> CPT/ICD Coding		<input type="checkbox"/> Groundskeeping <input type="checkbox"/> HVAC <input type="checkbox"/> Locksmith <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing	
Please list other skills and/or experience							
High School		City/State		Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO		Major	
Trade/Vocational		City/State		If no, do you have your GED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Major	
College		City/State		Diploma/Degree? <input type="checkbox"/> YES <input type="checkbox"/> NO		Major	
Graduate/Other		City/State		Year Graduated: <input type="checkbox"/> YES <input type="checkbox"/> NO		Major	
Has OIG, HHS or another entity informed you that you are excluded from working in healthcare? <input type="checkbox"/> YES <input type="checkbox"/> NO		Professional Licensure/Registration		Registration #		State	
Expiration Date							
If you are an LPN, are you licensed to distribute meds? <input type="checkbox"/> YES <input type="checkbox"/> NO		Has your professional license, registration, or certification ever been affected by disciplinary action? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when and why:			

Dates		Please list your last (3) employers, starting with the most recent, including military service.	
From	To		
		Company:	Address: City: State/Zip:
		Position Held:	Supervisor: Phone #: Rate of Pay: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Reason for Leaving:	May we check references? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Company:	Address: City: State/Zip:
		Position Held:	Supervisor: Phone #: Rate of Pay: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Reason for Leaving:	May we check references? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Company:	Address: City: State/Zip:
		Position Held:	Supervisor: Phone #: Rate of Pay: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Reason for Leaving:	May we check references? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES - (Please list 3 professional references):

Name:	Company:	Phone Number:
Name:	Company:	Phone Number:
Name:	Company:	Phone Number:

Please read the following carefully and sign below.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references provided to give you any and all information concerning my previous employment and any pertinent information they may possess, personal or otherwise. In addition, I release all parties from all liability for any damage that may result from furnishing same to you. I understand that a Motor Vehicle Report (MVR) and/or physical examination may be required, depending upon my desired position, and that my employment would be contingent on these results. I further agree that a photographic or electronic copy of this authorization and release agreement shall be as valid as the original signed copy.

I understand that any employment offer is contingent upon receiving a negative pre-employment drug screen and an acceptable background check.

I understand that if hired you are an at-will employer and that you have a drug and alcohol testing program that includes pre-employment, post accident, random, and reasonable suspicion. In addition, I agree that as a condition of hire I must participate in direct deposit of my pay. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without notice." I understand that effective 7/1/08 no smoking will be permitted on campus property.

Applicant Signature _____ Date _____