

# APPLICATION FOR EMPLOYMENT

EASTERN SHORE RURAL HEALTH SYSTEM, INC, 9434 HOSPITAL AVE ~ P.O. BOX 1039, NASSAWADOX, VA 23413

It is our policy to comply with all applicable state and federal laws prohibition discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

P.O. Box/Street City/Town State Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cellular Phone Number (\_\_\_\_) \_\_\_\_\_

Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Shift preferred \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Are you willing to work overtime if required? Yes No

Have you ever been convicted of a felony? Yes No

(Convictions will not necessarily disqualify an applicant for employment.) If yes, attach extra sheet describing conditions:

Did a current ESRHS employee recommend this position to you? Yes No If so, who \_\_\_\_\_

Are you related to anyone employed by Eastern Shore Rural Health System, Inc.? Yes No

<b>EDUCATION</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>MAJOR</b>	<b>DIPLOMA/ DEGREE</b>
High School			
College/Univ.			
College/Univ.			
Other training/education:			

In addition to your work history (reverse side) what other experiences, skills or qualifications would especially fit you for work with our company?

\_\_\_\_\_  
\_\_\_\_\_

REFERENCES: (Two business and one personal.)

1. \_\_\_\_\_  
Name Phone #

Address City/Town State Zip

2. \_\_\_\_\_  
Name Phone #

Address City/Town State Zip

3. \_\_\_\_\_  
Name Phone #

Address City/Town State Zip

POSITIONS

APPLIED FOR: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Wage or salary? \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

01/31/08

Most recent employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s)		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving:				

Most recent employer		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s)		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving:				

Most recent employer		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s)		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving:				

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in my dismissal. I authorize ESRHS to make an investigation of any facts set forth in this application.

I understand that employment at ESRHS is "at will" which means that either ESRHS or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

I understand that applicants for employment with ESRHS are subject to pre-employment drug testing and, if hired, both alcohol and drug testing during employment, and that failure to cooperate in such testing will result in not being selected or disciplinary action up to and including termination if hired.

I hereby request any person, school, previous employer or governmental agency to provide educational or work related information about me requested by ESRHS in connection with my application for employment. I release any such person or entity from any and all liability in connection with providing such information.

This application will be considered active for a maximum of ninety (90) calendar days. If you wish to be considered for employment after that time, you must reapply.

I certify that all the information that I have provided on this application is true and accurate.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

## VOLUNTARY APPLICANT AFFIRMATIVE ACTION INFORMATION SHEET

As an Equal Opportunity Employer, we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, genetic information, veteran status, or any other classification protected by federal, state, or local law. As a federal contractor, we comply with government regulations and affirmative action responsibilities where applicable.

Completion of this data is voluntary and will not affect your opportunity for employment. This information is solely to help us comply with government record keeping, reporting, and other legal requirements and will be kept in a confidential file separate from the Application for Employment. Thank you for your cooperation.

(PLEASE PRINT)

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Source:

Advertisement   
  Friend   
  Relative   
  Walk-in   
  Other \_\_\_\_\_  
(Please list)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  

Street
City
State
Zip Code

Sex: **(Check one)**     Male     Female

Race/Ethnicity:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

**Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.**

**White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.