



ESRHS Employment Application

Eastern Shore Rural Health System, Inc. - 20280 Market Street, Onancock, VA 23417

Instructions: Fill out this form as accurately as possible. **Note:** You will need to save this document to your computer **BEFORE** and **AFTER** completing it. Once completed, email to dhr@esrh.org

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, religion, sex, national origin, genetic information, physical and/or mental disability, age, gender identity, sexual orientation or status as a protected veteran. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**



PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

HOME PHONE:

CELL PHONE:

Are you over 18 years old? Yes No

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

Have you ever been convicted of a felony? Yes No

If yes, please describe the circumstances of all convictions. Be sure to include the offense, the court and date of conviction. (Convictions will not necessarily disqualify any applicant from employment.)

Have you ever been notified you are an excluded entity by the Office of Inspector General?	Yes	No	
Did an ESRHS employee recommend this position to you?	Yes	No	If so, who?
Are you related to anyone currently employed by ESRHS?	Yes	No	If so, who?
Are you related to anyone on the ESRHS Board of Directors? (see www.esrh.org for list)	Yes	No	If so, who?
May we contact your current employer?	Yes	No	



EMPLOYMENT DESIRED

Position(s) Applied For

Desired Salary

Available Start Date

Are you willing to work overtime if needed? Yes No

List any hours, shifts, days you cannot or will not work:

Schedule Preferred Full Time Part Time



EDUCATION

HIGH SCHOOL

LOCATION(TOWN/
STATE)

MAJOR

DEGREE

COLLEGE/UNIVERSITY

COLLEGE/
UNIVERSITY

LOCATION (TOWN/
STATE)

GRADUATE PROGRAM

DEGREE

OTHER TRAINING/
EDUCATION

SPECIAL SKILLS OR
CERTIFICATIONS



REFERENCES (Must list two professional and one personal reference)

PROFESSIONAL
REFERENCE

PHONE

PLACE OF
EMPLOYMENT

PROFESSIONAL
REFERENCE

PHONE

PLACE OF
EMPLOYMENT

PERSONAL
REFERENCE

PHONE



WORK HISTORY

MOST RECENT
EMPLOYER

JOB TITLE

START DATE

END DATE

STARTING SALARY:

ENDING SALARY

SUPERVISOR NAME

PHONE

REASON FOR LEAVING

WORK PERFORMED

WORK HISTORY, CONTINUED

EMPLOYER

JOB TITLE

START DATE

END DATE

STARTING SALARY:

ENDING SALARY

SUPERVISOR NAME

PHONE

REASON FOR LEAVING

WORK PERFORMED

EMPLOYER

JOB TITLE

START DATE

END DATE

STARTING SALARY:

ENDING SALARY

SUPERVISOR NAME

PHONE

REASON FOR LEAVING

WORK PERFORMED

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, any false statement 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 law.

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 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 or current 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.

I understand by typing my name below, I am providing my electronic signature, which carries the same weight as my written signature. (Applicants may be asked to sign this application upon interview or commencement).

Applicant Name:

Date

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, gender identity, sexual orientation, veteran status or any other classification protected by federal, state or local law. We comply with government regulations and affirmative action responsibilities where applicable.

Completion of the following 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. Thank you for your cooperation.

Position(s) Applied For

How did you find out about this position opening?

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

SEX

Male

Female

RACE/ETHNICITY (see definitions below)

Definitions of race/ethnicity:

Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race.

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

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

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

Asian (Not Hispanic/Latino): A person have originis 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/Alaska Native (Not Hispanic/Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintain with tribal affiliation or community attachment.

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

VOLUNTARY VETS-4212 EMPLOYMENT SURVEY

We invite you to voluntarily identify your veteran status by answering the questions below. Submission of this information is voluntary and no adverse consequences will result from either the disclosure or refusal to provide this information. The information you submit will be kept confidential under applicable federal and/or state laws. Should you decide not to self-identify at this time, you may do so at any time in the future.

Please check all boxes that apply to you. (See below for definitions)

I do not want to identify my veteran status

I am not a veteran

I am a veteran but not covered by the definitions listed on this form

Disabled veteran

Recently separated veteran

Armed Forces Service Medal veteran

Active Duty Wartime or Campaign Badge veteran

Discharge Date (if applicable)

Definitions:

Disabled Veteran: Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran: Any veteran during the last three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air force.

Armed Forces Service Medal Veteran: Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces Medal was awarded pursuant to Executive Order 12985. (For the current list of military operations for which an Armed Forces Service Medal was awarded, visit www.opm.gov/staffingportal/vgmedal2.asp - Appendix A

Active Duty Wartime or Campaign Badge Veteran: A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. (For the current list of military operations for which a campaign badge was awarded, visit www.opm.gov/staffingportal/vgmedal2.asp - Appendix A

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

OMB Control Number 1250-0005

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire and provide equal opportunity to qualified people with disabilities*. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

Blindness, Autism, Bipolar Disorder, Post-traumatic Stress Disorder (PTSD), Deafness, Cerebral Palsy, Major Depression, Obsessive Compulsive Disorder, Cancer, HIV/AIDS, Multiple Sclerosis (MS), Impairments requiring the use of a wheelchair, Diabetes, Schizophrenia, Missing limbs or partially missing limbs, Intellectual disability (previously called mental retardation), Epilepsy, Muscular Dystrophy

Yes, I have a disability (or previously had a disability)

No, I don't wish to identify as having a disability

I don't wish to answer

Your Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

*Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal opportunity employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Form CC-305 (Expires 1/31/2017)