Marshall Health

1001 10th Avenue, Huntington, WV 25701
304-691-1653
304-523-3248 (fax)
jobs@marshallhealth.org

OFFICE USE ONLY
Date received: ______________________
Position applied for: ______________________

PERSONAL

Last Name	First Name	Middle Initial	Home Phone	Alternate Phone

Present Address: Street	City	State	Zip	Permanent Address: Street	City	State	Zip

Social Security Number	U.S. Citizen ❐ Yes ❐ No	If no, what is your immigration status?	Date Visa Expires

Other names under which you have been previously employed:

Names of friends or relatives employed by Marshall Health:

Have you ever applied here before? ❐ Yes ❐ No If yes, when?

Have you ever been employed by Marshall Health? ❐ Yes ❐ No If yes, when?

If you wish to volunteer information regarding any job accommodations which you might require, please use this space:

Have you ever been convicted of a felony? ❐ Yes ❐ No

If yes, list date, offenses, and dispositions: (Convictions are not an immediate disqualification from employment)

Name of person to notify in the event of an emergency:	Address	City	State	Zip	Phone

EDUCATION, SKILLS, LICENSES

School or Institution	Name and Address of School	Major	Dates Attended	Degree/Diploma (Yes or No)	Type of Degree and/or Diploma

Have you ever served in U.S. Armed Forces? ❐ Yes ❐ No	Branch of Service	Date	Any Specialized Training?

Do you hold any professional license or certification? ❐ Yes ❐ No
Type: Number: State(s): Expiration Date:

Special Certification?

EMPLOYMENT INTEREST

Date Available	Salary Expected	Full Time ❐ Part Time ❐	Pool ❐ Temporary ❐	Days ❐ Evenings ❐	Can you work weekends? ❐ Yes ❐ No

How were you referred to Marshall Health? ❐ Classified Ad ❐ Journal Ad ❐ Walk-in ❐ Employee ❐ Career Fair ❐ Other, specify

Other skills or qualifications which would be of interest to Marshall Health

If applying for a nursing position, indicate experience:

❐ Cardiovascular Services	❐ Geriatrics	❐ Neurology	❐ Operating Room	❐ Psychiatry & Behavioral Med.
❐ CCU	❐ Hemodialysis	❐ NICU	❐ Ophthalmology	❐ Recovery Room
❐ Dentistry & Oral Surgery	❐ Home Health	❐ Nursery	❐ Orthopaedics	❐ SICU
❐ Dermatology	❐ Internal Medicine	❐ OB/GYN	❐ Pediatrics	❐ Surgery
❐ Emergency	❐ IV	❐ Oncology	❐ Physical Rehab	❐ Supervision
❐ Family Practice	❐ Med./Surgery	❐ Open Heart	❐ Plastic & Recon.Surg.	❐ Telemetry

Experience

- ❐ Computer / Word Processing
- ❐ Medical Transcription
- ❐ Medical Billing
- ❐ Medical Terms
- ❐ Shorthand __________ WPM
- ❐ Typing ____________ WPM

List software programs in which you are proficient.

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PLEASE COMPLETE, SIGN AND DATE THE BACK OF THIS APPLICATION

List current or most recent employer first. Explain all periods of unemployment in "REMARKS". Use additional sheets if necessary to record all past employment.

Company name (Current or Last)	Address	Telephone	Date Employed From:	To:
Job Title	Supervisor's Name/Title	Type of Business	Base Rate of Pay Start:	Last or Current Rate:
Description of Duties:		No. hours worked per week/shift	Reason for Leaving:	

Company name	Address	Telephone	Date Employed From:	To:
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Description of Duties:		No. hours worked per week/shift	Reason for Leaving:	

Company name	Address	Telephone	Date Employed From:	To:
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Company name	Address	Telephone	Date Employed From:	To:
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Description of Duties:		No. hours worked per week/shift	Reason for Leaving:	

REMARKS

PERSONAL REFERENCES

List people who are qualified to evaluate your capabilities (Do not include relatives)	Telephone	Occupation	Years Known

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION: (If the position for which I am applying requires a license for example, RN or LPN, I understand that it is my responsibility to keep this license current with a copy supplied to the appropriate department.

I certify that my answers to the questions on this application are true and complete, to the best of my knowledge, and give University Physicians & Surgeons, Inc., doing business as Marshall Health, the right to investigate all information and to secure additional information if necessary. I understand after an offer of employment has been made to me, that the satisfactory completion of a physical examination is a condition of employment and that this exam includes a drug screen and that I may be denied employment based on the results.

I also understand that no employee is authorized to offer me employment, promise me salary increases, change of position, advancement, or terms of my employment, or any other advantages except those persons officially designated by the medical center. Further, I understand that my employment is terminable at will.

If I am offered a position and I accept employment with University Physicians & Surgeons, I agree to abide by all the rules and regulations which are in effect or may be established in the future. I agree to work any shift necessary for adequate coverage of the department and agree to work overtime hours if called upon. I also agree to attend guest relations programs and will participate fully in the guaranteed-patient satisfaction trainings provided to me by University Physicians & Surgeons. I understand, if employed as a staff employ, that I am employed on a waiting period status for ninety days, and that any monies provided me as a discretionary allowance, relocation expense, reimbursement or other monetary support not included in my employee wages must be repaid in full if I leave my employment prior to satisfying completion of my employment obligation (minimum 1 year). Furthermore, I understand that falsification of any information on this or any other medical center related form may result in withdrawal of job offer or discharge after employment. I authorize University Physicians & Surgeons to make a thorough investigation of my past employment, school records, and all other facts or references stated above, and release from all liability or responsibility all persons, places of business, educational institutions and municipalities supplying such information.

APPLICANT SIGNATURE ______________________________ DATE ______________