



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS - You are required to complete all items of this application. Answer all questions completely and accurately. Write N/A if a question is not applicable to you. Attach extra pages if needed. Any misrepresentation or omission on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed or at time of discovery.

PLEASE USE BLUE OR BLACK INK.

Personal Information		Date of Application _____	Date Available _____
Name _____		SS Number _____	
Last	First	Middle	
Present Address _____		Phone Number _____	
Street	City	County	State Zip Code
Permanent Address _____		Phone Number _____	
<small>(If different than Present Address)</small>		Street	City State Zip Code
If you cannot be reached at the above phone number, where may we contact you?			
Name of person _____		Phone _____	How long at present address? _____
Employment Desired		Will you accept employment of <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary? <input type="checkbox"/> Holidays? <input type="checkbox"/> Rotating? <input type="checkbox"/> Weekends?	
Type of Work Desired	Salary	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Choice	<input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Evenings <input type="checkbox"/> Any	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Second Choice	<input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Evenings <input type="checkbox"/> Any	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		How did you learn of this opening? _____	
Background Information			
Have you previously been employed at BCH? <input type="checkbox"/> Yes <input type="checkbox"/> No		When? _____	Name at Termination _____
Have you ever been interviewed by BCH? <input type="checkbox"/> Yes <input type="checkbox"/> No		By Whom _____	For What Position _____
List relatives employed by BCH	Relation	Name	Dept.
List any friends who work for BCH	Name		Dept.
Are you a citizen of the U.S.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, can you furnish a document to show that you are authorized to work in the U.S.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor involving theft, dishonesty, misrepresentation, drug offenses, or moral turpitude or any felony offense or a military court-martial? If yes, please provide date, place of conviction and type of crime.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Note: A conviction is not necessarily a bar to employment.</small>			
Is there any reason that will keep you from regularly performing any work for which you are being considered? If yes, please explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Experience			
Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____			
Rank at discharge _____			
* Was your discharge other than honorable? _____		Reserve Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	
Type of work done in service _____			
<small>* Treat medical discharge the same as honorable. Dishonorable discharge does not necessarily disqualify you from consideration.</small>			

Educational Background

SCHOOL	NAME AND LOCATION OF SCHOOL TELEPHONE NUMBER	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE, DIPLOMA OR GED.
GRADUATE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
BUSINESS TRADE TECHNICAL				YES <input type="checkbox"/> NO <input type="checkbox"/>	
HIGH SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/>	

Professional Licenses, Registrations, and/or Certifications

Type	State Issued	Date	No.	Verif.
Type	State Issued	Date	No.	
Type	State Issued	Date	No.	
Area of Specialization Or Interest:				

Please state whether your license, registration, or certification has ever been suspended or if you have ever been placed on probationary status regarding same. Yes No If yes, please explain.

PLEASE LIST ANY OTHER SKILLS, TRAINING, PROFESSIONAL MEMBERSHIP(S), ETC.

References (Professional - not personal)

Name:	Street Address:
City State Zip	Phone:
Relationship to you:	
Name:	Street Address:
City State Zip	Phone:
Relationship to you:	
Name:	Street Address:
City State Zip	Phone:
Relationship to you:	

Employment Record

Begin with current or most recent employer, including Military Service. Account for all time since completion of school. **Resumes may not be substituted.**

1. Company Name		Dates Employed		Salary Per Wk.		Name & title of your supervisor
		From Mo. / Yr.	To Mo. / Yr.	Start \$	Last \$	
Address		Describe the Work You Did				
City, State, Zip		Phone				
Position Title		Your Name (if different)				
Reason For Leaving Check one Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>		Explanation				
2. Company Name		Dates Employed		Salary Per Wk.		Name & title of your supervisor
		From Mo. / Yr.	To Mo. / Yr.	Start \$	Last \$	
Address		Describe the Work You Did				
City, State, Zip		PHONE				
Position Title		Your Name (if different)				
Reason For Leaving Check one Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>		Explanation				
3. Company Name		Dates Employed		Salary Per Wk.		Name & title of your supervisor
		From Mo. / Yr.	To Mo. / Yr.	Start \$	Last \$	
Address		Describe the Work You Did				
City, State, Zip		Phone				
Position Title		Your Name (if different)				
Reason For Leaving Check one Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>		Explanation				
4. Company Name		Dates Employed		Salary Per Wk.		Name & title of your supervisor
		From Mo. / Yr.	To Mo. / Yr.	Start \$	Last \$	
Address		Describe the Work You Did				
City, State, Zip		Phone				
Position Title		Your Name (if different)				
Reason For Leaving Check one Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>		Explanation				
5. Company Name		Dates Employed		Salary Per Wk.		Name & title of your supervisor
		From Mo. / Yr.	To Mo. / Yr.	Start \$	Last \$	
Address		Describe the Work You Did				
City, State, Zip		Phone				
Position Title		Your Name (if different)				
Reason For Leaving Check one Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>		Explanation				

(Attach additional page(s) as necessary)

ADDITIONAL COMMENTS _____

BUCYRUS COMMUNITY HOSPITAL is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, citizenship status, sexual preference, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification.

IMPORTANT - Please read before signing.

I understand that the policies of Bucyrus Community Hospital in no way create an expressed or implied contract of employment. I also understand that if hired my employment will be “at will” and that either I or Bucyrus Community Hospital may terminate my employment at any time with or without reason and with or without notice. I also understand that my employment will remain “at will” unless it is modified by a written agreement signed by both me and the (CEO) of Bucyrus Community Hospital.

It is also understood and agreed upon that any misrepresentation by me in this application may result in cancellation of the application and/or immediate termination of employment, if employed, at any time the misrepresentation is discovered.

I understand that any offer of employment, or continued employment, is conditioned upon Bucyrus Community Hospital’s decision and that the results of my background investigation and/or drug test is satisfactory.

I voluntarily give Bucyrus Community Hospital permission to perform future drug tests, and any other tests which may involve obtaining body tissue/fluid samples and analysis that relate to my employment.

I voluntarily give Bucyrus Community Hospital permission to make a thorough investigation of my past employment(s) and all other facts stated above, and release from liability or responsibility all persons, places of business, and municipalities supplying such information.

My signature constitutes my certification that my responses are true and complete and that I have read and understand the above. When an item is left blank, it is because there is no information within its scope as stated on attached.

Signature

Date