



# Application For Employment

## Drug-Free Workplace Enforced

Date Applied
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**Partnering With Employees to Create Excellence** Peninsula Hospital Services, Inc. is proud to be an Equal Opportunity Employer. Federal and Virginia Laws prohibit discrimination in employment practices because of race, sex, age, disability, color, religion, or national origin. No question on this application is asked for the purpose of excluding any qualified applicant on the basis of these factors.

PERSONAL DATA	Position Desired		Shift	Available Date	<input type="checkbox"/> Full-Time <input type="checkbox"/> Labor Pool <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp
	Full Name (Last, First, Middle, Maiden)			Telephone	Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Current Address		City, State, Zip Code		How did you hear about us? <input type="checkbox"/> Agency <input type="checkbox"/> Ad <input type="checkbox"/> Other <input type="checkbox"/> Employee: Name _____
	Have you ever been employed by PHS before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: Facility _____ Supervisor _____	Dept _____ When _____
	Have you ever plead guilty or been convicted of a crime other than a traffic violation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: When _____ Explain _____	<i>This information is subject to verification through a Criminal History Record Check. However, the existence of a criminal record does not automatically preclude employment.</i>
	Person to notify in case of emergency		Address (Street, City, State, Zip)		Telephone
	Employed Where		Address (Street, City, State, Zip)		Telephone

EDUCATION	School	Name and Address of School	Check Last Year Completed				Graduate	Degree or Diploma
	High		1	2	3	4		
	College		1	2	3	4		
	Graduate Study		1	2	3	4		
	Other (specify)		1	2	3	4		
Working knowledge of business machines, personal computers (specify).		Other skills or training including software familiarity (specify).					Estimated typing speed _____ wpm	

WORK EXPERIENCE	From Mo/Yr	To Mo/Yr	Start with present or last position. List employer's name, full address, & telephone number. Include periods of military service.	Position Held & Supervisor's Name	Salary From/To	Reason for Leaving	

PROFESSIONAL REFERENCES	Name	Address (Street, City, State, Zip Code)	Telephone	

May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
Have you ever been discharged or asked to resign by an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not a U.S. citizen, identify your legal authorization to work in the U.S.:

**Read before signing and please initial each paragraph.**

I understand that a false statement or omission of facts and circumstances on this application and/or other documents related to my qualifications and background, such as resume, vitae, etc., may be grounds for not hiring, or for terminating me after I begin employment. I certify that all statements are correct, complete, and truthful.

Initial \_\_\_\_\_

If employed, I understand that I will be subject to and agree to abide by Peninsula Hospital Services, Inc. (hereinafter known as "PHS") policies and procedures relative to safety, physical exams, etc., as well as other applicable rules and regulations. I also understand that I may be required to agree and submit to alcohol and/or substance abuse tests prior to my employment by PHS and to periodic testing thereafter at the discretion of PHS, in accordance with applicable PHS policies and/or procedures.

Initial \_\_\_\_\_

I understand and agree that employment with PHS is governed by the principle of at-will employment, which means that at the option of PHS or myself, employment and compensation can be terminated, with or without cause, and with or without notice, at any time. I understand that no Supervisor, Manager, or Representative of PHS, other than the General Manager or the General Manager's designee has the authority to enter into any agreement for any specified period of time, and then, only in writing, or make any agreement contrary to the foregoing.

Initial \_\_\_\_\_

I agree that PHS may, without my further consent, make lawful use of any photographic picture or video image it may make or cause to be taken of me.

Initial \_\_\_\_\_

I understand that I may be offered employment even though certain background checks and investigations, and checking of references may not have been completed. If such inquiries establish information which in PHS's opinion makes me unqualified, I understand I will be terminated promptly.

Initial \_\_\_\_\_

I consent to the release of information to PHS from former employers, schools, law enforcement agencies, and other individuals and organizations, information relevant to my consideration for employment. Such parties may rely upon this authorization as a waiver of any claim whatsoever I may have as a result of the party responding candidly to an inquiry from PHS.

Initial \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Human Resources Use Only**

Interviewer's Comments:			
Signature Human Resources Director	Date	Signature Asst. G.M. or G.M.	Date

**Employment Data to be Completed by Human Resources after Acceptance of Employment**

Start Date _____	Dept No. _____	Dept Name _____	Emp No. _____	Grade _____	Step _____	Position Classification _____
Sex _____	Birthdate _____	SS# _____	Starting Salary-Hourly _____	Starting Salary-Annual _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> LP <input type="checkbox"/> TP	
Shift: _____ AM to _____ AM/ _____ PM to _____ PM		Hrs. per PP: _____ Reg _____ Temp _____		Exempt/Non-Exempt Code _____		
H.R. Director Signature _____			G.M. Signature _____			