



Wayne Memorial Hospital
 601 Park Street
 Honesdale, PA 18431
 www.wmh.org

EMPLOYMENT APPLICATION

Please complete all requested information. Do not write "see resume" in any space.
 An incomplete application will not be considered.

If you require a reasonable accommodation to assist in completing any part of the application and/or hiring process, please contact Human Resources (570) 251-6539

Personal Information (Please Print)

Last Name: _____

Are you 18 years of age or older? Yes No

First Name: _____

If employment is offered, can you provide verification of your legal right to work in the United States?

Middle Name: _____

Yes No

Any other names by which you are or have been known by:

How did you hear about Wayne Memorial?

- Website
- Newspaper
- Bulletin Board
- Job Fair
- Employee Referral: _____
- Other: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ - _____

Alternate Number: () _____ - _____

E-mail address: _____

Employment Information

Position(s) desired: _____ Salary expectation: _____

Date available for work? ___/___/___

Can you travel if required? Yes No

Have you ever been employed by WMH? Yes No

If yes, when and where? _____

Have you ever applied to WMH? Yes No

If yes, when? _____

- Seeking: Full Time
 Part Time
 Per Diem
 Weekends
 Other

- Shifts you can work: Days
 Evenings
 Nights
 Flexible

Record of Conviction

Have you ever been convicted or pled guilty to a misdemeanor or felony offense, other than a minor traffic violation?
 (Do not answer yes or provide any information regarding arrests that did not lead to a conviction or guilty plea or convictions that have been sealed, expunged, or otherwise eradicated by statute or court order) Yes No

If yes, please explain?

Education and Training

	Name City and State	Type of Degree	Course of Study	Status
High School				<input type="checkbox"/> Graduated/ GED <input type="checkbox"/> Still in School <input type="checkbox"/> Not attending
College				<input type="checkbox"/> Degree Earned <input type="checkbox"/> Still in School <input type="checkbox"/> Not in School
Graduate School				<input type="checkbox"/> Degree Earned <input type="checkbox"/> Still in School <input type="checkbox"/> Not in School
Additional Training (Including Military)				

Employment History

Please list your job history starting with your present or most recent employer:

Date: Month/Year	Employer Name City and State Phone Number	Position/Title	Job Duties	Ending Salary Supervisor's Name Reason for Leaving
/ to /				
/ to /				
/ to /				
/ to /				

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain?

Professional Licenses and/or Certificates

Type	State Issued	Number	Original Date Issued	Expires

Have your professional license and/or certificate ever been suspended, revoked or placed on probation? Yes No

If yes, when and for what reason? _____

Professional References

Please list (3) three business references or supervisors/individuals who can evaluate your work performance (No Relatives).

Name	Address, City, State, Zip	Title	Phone

Additional Information

Please include any additional information that you think would be applicable: e.g. externship/internship, additional employment information and explanation of any gaps of employment.

Please Read Carefully Before Signing Your Employment Application

Thank you for your interest in employment with Wayne Memorial Hospital. Wayne Memorial Hospital is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. Wayne Memorial Hospital is an at will employer and neither this application or any other oral or written representation may be considered a contract for any specific period of time. No promises have been made to me and I understand that no such promise or guarantee is binding upon the organization unless made in writing by an authorized representative.

I hereby consent as a condition of employment, to physical and/or medical tests, including tests for drug use, at the discretion of the organization, which will be in accordance with applicable laws. I understand that an adverse result may preclude employment or be the basis for termination.

I further authorize all courts, probation departments, prosecutor's offices, boards, employers, educational and credit companies, other institutions and agencies, without exception, to furnish WMH or its representatives any information they have concerning me. This waiver does not permit release or use of disability – related or medical information in a manner prohibited by the American With Disabilities Act (ADA) and other relevant federal and state laws.

Applicant Signature _____ **Date** ____/____/____

(This application will only be considered for 6 months unless specified otherwise in writing. After that time, you must complete a new application for further consideration)