

APPLICATION FOR EMPLOYMENT

Drug Free Workplace

Virginia Health Services, Inc. (VHS) is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, veteran, or disability status.

How did you hear about VHS & this position? _____

POSITION DESIRED	SHIFT PREFERRED (Day, Evening, Night)	OTHER POSITIONS OF INTEREST	WHEN ARE YOU AVAILABLE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
APPLICANT'S PERSONAL DATA			FULL NAME (Last, First, Middle, Other (legal))		SOCIAL SECURITY NUMBER
			CURRENT ADDRESS		CITY, STATE, ZIP CODE
HAVE YOU EVER BEEN EMPLOYED WITH VHS? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes: Facility: _____ Dept: _____ Supervisor: _____ When: _____			ARE YOU UNDER 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PERSON TO NOTIFY IN CASE OF EMERGENCY		ADDRESS (Street, City, State, Zip Code)		HOME PHONE: () _____ CELL PHONE: () _____	
ALTERNATE EMERGENCY CONTACT		ADDRESS (Street, City, State, Zip Code)		HOME PHONE: () _____ CELL PHONE: () _____	

EDUCATION	SCHOOL	NAME & ADDRESS OF SCHOOLS ATTENDED	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	DEGREE OR DIPLOMA
			1	2	3	4		
	HIGH							
	COLLEGE							
	GRADUATE STUDY							
	OTHER (Specify)							

WORK EXPERIENCE	FROM MO/YR	TO MO/YR	START WITH PRESENT OR MOST RECENT POSITION. LIST EMPLOYER'S NAME, FULL ADDRESS AND TELEPHONE NUMBER. ALL EXPERIENCE MUST BE ACCOUNTED FOR TO INCLUDE PERMANENT, TEMPORARY, MILITARY OR VOLUNTEER WORK.	POSITION HELD AND SUPERVISOR'S NAME	REASON FOR LEAVING

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY AN EMPLOYER? YES NO
If YES, explain: _____

LICENSURE	PROFESSIONAL LICENSE	LICENSE or CERTIFICATION NUMBER	EXPIRATION DATE	STATE ISSUED

IF YOU ARE NOT A U.S. CITIZEN, IDENTIFY YOUR LEGAL AUTHORIZATION TO WORK/STUDY IN THE U.S.:

HEALTH CARE PROVIDERS ONLY—HAVE YOU EVER BEEN DISCIPLINED IN ANY MANNER BY A STATE REGULATORY AGENCY FOR ANY REASON?

NO YES

If Yes, please explain: _____

Give the names of three persons, not relatives, who know you and can give information about your suitability for employment.
Some examples may include an employer, teacher, counselor, and/or clergyman.

REFERENCES

NAME

ADDRESS
(Street, City, State, Zip Code)

TELEPHONE

NAME	ADDRESS (Street, City, State, Zip Code)	TELEPHONE

PLEASE READ CAREFULLY

EACH PARAGRAPH MUST BE READ AND INITIALED BEFORE THE APPLICATION IS SIGNED:

I consent to the release to Virginia Health Services from current and 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 Virginia Health Services. In providing this release, I acknowledge that unfavorable references from any of the above listed references may be used to evaluate my employment with VHS.

Initial _____

I understand that employment within Virginia Health Services, Inc. is considered employment-at-will, and may be terminated at any time, for any reason without cause. Additionally, hours of work and work assignments can be altered to meet the needs of the company.

Initial _____

I understand that a false statement or omission of facts and circumstances on this application and/or on other documents related to my qualifications and background may be grounds for not hiring me or for termination. I certify that to the best of my knowledge and belief, all statements are correct, complete, current, and made in good faith and that I will attach information necessary to meet this disclosure requirement.

Initial _____

If I am offered employment, I understand that I will be subject to and agree to abide by Virginia Health Services policies, procedures, rules, and practices. I also understand that I may be required to agree and submit to alcohol and/or substance abuse tests prior to my acceptance by Virginia Health Services and to periodic testing thereafter at the discretion of Virginia Health Services, in accordance with applicable Virginia Health Services policies and/or practices.

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, upon completion, establish information which in Virginia Health Services opinion makes me unqualified, I understand the job offer will be revoked.

Initial _____

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

Initial _____

SIGNATURE: _____

DATE: _____