



600 Somerset Avenue  
 Windber, PA 15963  
 FAX: (814) 467-3453  
 www.windbercare.com

## Application for Employment

### An Equal Opportunity Employer

Windber Medical Center is an Equal Opportunity Employer dedicated to a policy of nondiscrimination in employment based on race, color, religion, age, sex, national origin, disability, veteran status, or any other legally protected status.

This application will remain on file for six (6) months from the date received. To be considered for employment all sections must be completed fully and accurately, even if a resume is included.

### Please Print or Type PERSONAL

DATE

POSITION APPLIED FOR:

NAME (LAST, FIRST)

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NO.
ANY PREVIOUS NAME UNDER WHICH YOU WERE EMPLOYED:			
PRESENT ADDRESS: (Number)	(Street)	(City)	(State) (Zip Code)
HOME TELEPHONE NUMBER:		ALTERNATE TELEPHONE NUMBER:	
DO YOU HAVE THE LEGAL RIGHT TO REMAIN & WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TYPE OF VISA, IF ANY		NUMBER	
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POSITION APPLY FOR: 1.		2.	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PER DIEM <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERN		PREFERRED SHIFT	CAN YOU ROTATE SHIFTS?
MINIMUM SALARY ACCEPTABLE: \$ _____ PER _____		DATE AVAILABLE FOR EMPLOYMENT	
WERE YOU PREVIOUSLY EMPLOYED BY US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES. WHEN?		DEPARTMENT	POSITION?
HAVE YOU EVER PLEADED GUILTY TO, OR BEEN CONVICTED OF, ANY CRIME OTHER THAN A SUMMARY OFFENSE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE IN FULL _____			

# Educational Background

NAME AND LOCATION OF SCHOOL	DEGREE DIPLOMA	COURSE OF STUDY
HIGH SCHOOL		
COLLEGE OR UNIVERSITY		
TECHNICAL OR MASTERS		
DOCTORAL LEVEL EDUCATION		

LIST SPECIFIC SKILLS, SPECIAL TRAINING, FOREIGN LANGUAGE CAPABILITY AND COMPUTER SOFTWARE EXPERIENCE OR OTHER RELEVANT QUALIFICATIONS


PROFESSIONAL LICENSES AND/OR CERTIFICATIONS YOU NOW HOLD:			
TYPE	STATE ISSUED	EXPIRATION DATE	NUMBER

DRIVER'S LICENSE INFORMATION

STATE ISSUED \_\_\_\_\_ LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

# Employment History

LIST PREVIOUS EMPLOYERS—MOST RECENT FIRST—				
EMPLOYER'S NAME:		ADDRESS:		PHONE:
POSITION HELD:	DATES EMPLOYED:	FROM	TO	FINAL SALARY
NATURE OF DUTIES (INCLUDING SUPERVISORY)		SUPERVISOR'S NAME & TITLE:		
		REASON FOR LEAVING:		
EMPLOYER'S NAME:		ADDRESS:		PHONE:
POSITION HELD:	DATES EMPLOYED:	FROM	TO	FINAL SALARY
NATURE OF DUTIES (INCLUDING SUPERVISORY)		SUPERVISOR'S NAME & TITLE:		
		REASON FOR LEAVING:		
EMPLOYER'S NAME:		ADDRESS:		PHONE:
POSITION HELD:	DATES EMPLOYED:	FROM	TO	FINAL SALARY
NATURE OF DUTIES (INCLUDING SUPERVISORY)		SUPERVISOR'S NAME & TITLE:		
		REASON FOR LEAVING:		
EMPLOYER'S NAME:		ADDRESS:		PHONE:
POSITION HELD:	DATES EMPLOYED:	FROM	TO	FINAL SALARY
NATURE OF DUTIES (INCLUDING SUPERVISORY)		SUPERVISOR'S NAME & TITLE:		
		REASON FOR LEAVING:		

## References

MAY WE CONTACT YOUR PRESENT EMPLOYER <input type="checkbox"/> NO <input type="checkbox"/> YES		PAST EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROFESSIONAL REFERENCES: (PAST SUPERVISORS AND/OR CO-WORKERS, NO RELATIVES)			
1 NAME AND OCCUPATION	ADDRESS	PHONE	
2 NAME AND OCCUPATION	ADDRESS	PHONE	
3 NAME AND OCCUPATION	ADDRESS	PHONE	
4 NAME AND OCCUPATION	ADDRESS	PHONE	
PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:		(Address)	(Phone Number)

## **CERTIFICATION**

---

I have read and fully understand all questions in this application. I certify that all answers are true, accurate and complete to the best of my knowledge and belief. I understand that the completion of this application, does not ensure me a position nor does it obligate Windber Medical Center or me in any way. I fully understand that the omission and/or misrepresentation of any of the facts requested may be cause for rejection of this application or immediate termination of my employment at any time.

I also understand that a State and/or FBI criminal background check is required for all positions. The *Pennsylvania Older Adults Protective Services Act* requires applicants/employees to be free from certain criminal convictions to be employed in any home health position or any other position in which the principal duties are carried out in a residential home or skilled nursing facility. Applicants are also subject to sanction screening as required by law.

I, further, understand that if an offer of employment is extended to me, I will be required to successfully complete a post-offer physical examination, which includes an alcohol/drug screening, before any offer of employment becomes effective. Should I become employed, I agree to abide by all Company rules and regulations. I acknowledge that any resulting employment relationship will be "*at will*" and can be terminated by either party at any time for any lawful reason. I have read, understand and agree to the above.

## **RECORDS RELEASE**

---

I, hereby authorize Windber Medical Center to contact any schools, former employers and/or any persons who may aide in verifying the information I have set forth on this application and/or in determining my suitability for employment and deemed necessary by the Company. I further authorize any necessary criminal background checks as required by law. Additionally, I release those individuals and/or organizations from all liability for issuing requested information.

---

Applicant's Signature

Date