



600 Somerset Avenue Windber, PA 15963 E-mail: CSSMCWapps@windbercare.org

Fax: 814-467-3453 www.windbercare.org

Application for Employment

An Equal Opportunity Employer

CSS Medical Center at Windber and CSS Institute of Molecular Medicine at Windber are 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								
NAME (Last)		(First)	(First)		(Middle)		SOCIAL SECURITY NO.	
. ,								
ANY PREVIOUS NAME UNDER W	HICH YOU WI	ERE EMPLOYED:						
PRESENT ADDRESS: (Number)	(Street)		(City)		(State)		(Zip Code)	
TRESERT ABBRESS. (Namber)	(51.551)		(Oily)		(Otato)		(Zip Gode)	
HOME TELEPHONE NUMBER:			ALTERNATE T	ELEPHONE NUMBER:				
DO YOU HAVE THE LEGAL BIOU	T TO DEMAIN	A MODIC IN THE UNITED OTATES	20.001/50.001/0					
DO YOU HAVE THE LEGAL RIGH	I TO REMAIN	& WORK IN THE UNITED STATES	S? O YES O NO					
TYPE OF VISA, IF ANY		NUMBER						
ARE YOU 18 YEARS OF AGE OR O	OLDER? O	YES O NO						
POSITION APPLYLING FOR: 1.			2.					
T CONTOIN / II T ET EIN C T CIX.								
O FULL TIME O PART-TIME O	PER DIEM	O SUMMER O INTERN	PREFERRED S	PREFERRED SHIFT CAN YOU ROTATE SHIFTS? 0 YES 0 NO				
MINIMUM CALADY ACCEPTABLE		DED	DATE AVAILAB	DI E EOD EMBI OVAMEN				
MINIMUM SALARY ACCEPTABLE	: Ф	PER	DATE AVAILA	BLE FOR EMPLOYMEN	11			
WERE YOU PREVIOUSLY EMPLO	YED BY US?	O YES O NO IF YES, WHEN	? DEPARTME	NT	POSIT	ION?		
HAVE YOU EVER PLEADED GUIL	TY TO, OR BE	EN CONVICTED OF, ANY CRIME (I OTHER THAN A SUMMAR	RY OFFENSE?				
	•	·						
O YES O NO IF YES, DESCR	IBE IN FULL							

EDUCATIONAL BACKGROUND

NAME AND LOCATION OF SCHOOL		DEGREE	COURSE OF STUD	Υ
HIGH SCHOOL		HIGH SCHOOL DIF	L PLOMA/GED 0 Y	ES 0 NO
			T	
COLLEGE OR UNIVERSITY				
TECHNICAL OR MASTERS				
DOCTORAL LEVEL EDUCATION				
LIST SPECIFIC SKILLS, SPECIAL TRAINING, FOREIGN LANGU	JAGE CAPABILITY AND COMPUTER SOFTW	WARE EXPERIENCE OR	OTHER RELEVANT	QUALIFICATIONS
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS YOU N	OW HOLD:			
ТҮРЕ	STATE ISSUED	EXPIRATION DATE		NUMBER
DRIVER'S LICENSE INFORMATION				<u> </u>
STATE ISSUED LICENSE#		EXP. DATE		

EMPLOYMENT HISTORY

ŠΏΙ VÁ Ú Ü Ò X QU WÙ EMPLOYERS (MOST RECENT FIRST)				
ὸΤ ὑŠUΫ̀ΟΦΦΦΦΦΦ ΟΕΓ ΟΜ	ŒÖÖÜÒÙÙÁÁ			ÚPU Þ ÒÁ
ÚU ÚQYQU ÞÁ ÞÓSÖKKÁ	ÖŒVÒÙ Á ÁKÔT ÚŠUÝ ÒÖKÁ	ØÜUT Å	VU ÅÅ	ÁRODO OBŠÁJOŠOBÚÝÁ
ÞŒWÜÒÁUØÁÖWWOÒÙÁÇAÞÔŠWÖQÞŐÁÙWÚÒÜXOÙUÜŸDÁ		ÁÙWÚÒÜXŒ)ŰŒ	OEF ÖÁBÁVQVŠÖHÁ	
		ÁÜ ÒŒÙUÞÁZUÜÁŠÒ	OEX OP ÕHÁ	
ÒT ÚŠU ŸÒÜQÀÁÞOET ÒKÁÁ				
OT USU TOURING COM	ŒÖÖÜÒÙÙKÁ			ÚPUÞÒKÁ
ÚU ŮQYQUÞÁP ÓSÖKÁÁ	ÖCE/ÒÙÁ ÁÁÖT ÚŠUÝÒÖKÁ	ØÜUT Ä	VU ÁÁ	ÁRZOR OTŠAŬOTŠOEŪŸ _{ÁŘ}
ÞŒWÜÒÁUØÁÖWØDÚÁÇAPÔŠWÖOÞŐÁÚWÚÒÜXÔUUÜŸDÁ		ÁÙWÚÒÜXQÌUÜQÌÁÁ	POET ÒÁBÁ/QYŠÒKÁ	
		ÁÜÒŒÙUÞÁØUÜÁŠÒ	OEX OP ÕHÁ	
ÒT ÚŠUŸÒÜ¢ÒÁPCET ÒKÁÁ	ŒÖÖÜÒÙÙKÁ			ÚPUÞ ÒKÁ
ÚU ŮQYQU ÞÁP ÓSÖMÁN	ÖCE/ÓÙÁ ÁKÖT ÚŠUÝ ÓÖKÁ	ØÜUT Ä	VU <i>Á</i> Á	ÁKZOR OZŠÁJOZŠOEÚÝ JÁ
ÞŒΛΝŰ ÒÁU ØÁÖN W ΦÙÁ ΦΦ ÔŠ ΝΌ ΦΦ ÕÁÙ ΝΛÚ ÒÜ ΧΟÙ U Ü Ϋ DÁ		ÁÙWÚÒÜXQÌUÜQÌÁÁF	OEF ÖÁBÁVQVŠÖKÁ	
		ÁÜÒŒÙUÞÁØUÜÁŠÒ	OCEX ODP Õ KÁ	
ÒT ÚŠU ŸÒÜQÌÁAÞOEF ÖKÁÁ	ŒÖÖÜÒÙÙKÁ			ÁJPUÞÒKÁ
UU UQYQU ÞAP OSOMÁ	OCE/OU _Á ÁROT ÚŠUÝ ÒÖKÁ	ØUUT 🛦	VUA	ARODO OESAJOESOEUY ÁÁ
ÞŒWÜÒÁUØÁÖW ØÌÙÁÇA ÔŠWÖQE ŐÁÙWÚÒÜX QÙU ÜŸDÁ		ÁÙWÚÒÜXQÌUÜQÌÁÁ	POET ÖÁBÁVOVŠÖHÁ	
		ÁÜ ÒŒÙUÞ ÁØUÜ ÁŠÒ	OCEXODO ÕIKÁ	

REFRENCES

ΤΟΥ Α΄ Ο ΚΌ Ο ΡΥΟΣΟΥΑΎ Ο ΥΟΙΘΑΙΌ Ο Ο Ο Ο ΕΚΑΙ ΕΚΑΙ ΕΚΑΙ ΕΚΑΙ ΕΚΑΙ ΕΚΑΙ ΕΚΑΙ ΕΚΑΙ	άÒÙ Á ÚŒUVÁÒT ÚŠUŸÒÜÑAÁ €ÁN OÁ €Á KES	Á
ÚÜU \varnothing ÒÙÙQUÞCEŠĀÏÒ \varnothing ÒÜÖÞÔÒÙKÁÇÚCEÍVĀIWÚÒÜXQÙUÜÙÁCEÞÖBJÜĀÐUË	∕ UÜSÒÜÙĒS∙UÄÜÒŠŒS∕ŒXÒÙDÁ	
FÁÞŒFÖÁÐÞÖÁUÔÔWÚŒVŒJÞÁÁ	ŒÖÜÖÙÙÁ	ÚPUÞÒÁ
GÁÞŒFÖÁÐÞÖÁJÔÓWÚŒVØJÞÁÍ	ŒÖÜÖÖÜĞ	ÚPUÞÒÁ
HÁÞŒFÖÁÐÖÖWÚŒVØÞ Á	ŒÖÜÒÙÀ	ÚPUÞÒÁ
IÁÞŒ ÒÁŒÞÖÁUÔÔWÚŒ/QUÞÁ	ŒÖÖÜÒÙÙÁÁ	ÚPUÞÒÁ
ÜÖÜÜU ÞAU ÁÓÓÁÐ U VOXOÓÁÞ ÁÖGEJÓAJ ØKGÐ ÁÓT ÓÜ Ó ÓÞ ÖYKÁ	AKOZŐÖÜ ÓÜ ÜAK	ÄÁÚPUÞÓ

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 CSS Medical Center at Windber or CSS Institute of Molecular Medicine 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 CSS Medical Center at Windber and/or CSS Institute of Molecular
Medicine at Windber 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