



Chan Soon-Shiong
Medical Center
at Windber

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Chan Soon-Shiong
Institute of Molecular Medicine
at Windber

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)	(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="radio"/> YES <input type="radio"/> NO					
TYPE OF VISA, IF ANY		NUMBER			
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="radio"/> YES <input type="radio"/> NO					
POSITION APPLYING FOR: 1.			2.		
<input type="radio"/> FULL TIME <input type="radio"/> PART-TIME <input type="radio"/> PER DIEM <input type="radio"/> SUMMER <input type="radio"/> INTERN			PREFERRED SHIFT		CAN YOU ROTATE SHIFTS? <input type="radio"/> YES <input type="radio"/> NO
MINIMUM SALARY ACCEPTABLE: \$ PER			DATE AVAILABLE FOR EMPLOYMENT		
WERE YOU PREVIOUSLY EMPLOYED BY US? <input type="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO IF YES, DESCRIBE IN FULL					
<hr/>					
<hr/>					
<hr/>					

DATE:

POSITION APPLIED FOR:

NAME (LAST, FIRST):

EDUCATIONAL BACKGROUND

NAME AND LOCATION OF SCHOOL	DEGREE	COURSE OF STUDY	
HIGH SCHOOL	HIGH SCHOOL DIPLOMA/GED 0 YES 0 NO		
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 _____			

[illegible][illegible]

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