



122 Pinnell Street

PO Box 720

Ripley, WV 25271

Phone: 304.372.2731

Fax: 304.372.2749

## **INSTRUCTIONS TO THE JOB APPLICANT**

- ✓ Thank you for considering Jackson General Hospital as a place for future employment. To assist us in processing your application, please read and follow the instructions below when completing your Application for Employment.
- ✓ Print or type all information.
- ✓ Complete all information on the Application for Employment. If an item is not applicable for you, place NA in the space provided. Please do not leave blanks.
- ✓ Provide complete addresses and telephone numbers for all previous employers and personal references. Your application cannot be processed without this information.
- ✓ Read the job applicant's agreement and certification on the back of the Application for Employment.
- ✓ Sign and date the Application for Employment at the bottom of the last page.
- ✓ Sign and date the Reference Verification Authorization.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

### Please Print

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk in	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number	

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No  
If yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  
 Twelve Hour Shifts  Eight Hour Shifts  Other shifts \_\_\_\_\_  
 Weekends  Weekdays  
 Day Shift  Evening Shift  Night Shift

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EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Worked Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Dates Employed		Worked Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
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Employer	Dates Employed		Worked Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

**Comments: Include explanation of any gaps on employment.**

Are you an ineligible person as listed with the HHS/OIG List of Excluded Individuals/Entities ?  Yes  No

Are you an ineligible person as listed with the General Services Administration's List of Parties Excluded from Federal Programs?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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List professional, trade, business or civic activities and offices held.  
*You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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**Additional Information**

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience*

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**Specialized Skills** (✓ Skills/Equipment Operated)

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter WPM ___	___ Shorthand WPM ___	_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable to performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

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Personal/Professional References <i>Do not include family members or past supervisors</i>		
Name	Address	Occupation

Applicant's Statement
<p>I certify that the answers herein are true and complete.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause unless such change is specifically acknowledged in writing by an authorized executive of this organization.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.</p>

<hr/> <p style="text-align: center;">Signature of Applicant</p>	<hr/> <p style="text-align: center;">Date</p>
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## Reference Verification Authorization

I hereby authorize Jackson General Hospital, Ripley, West Virginia, to make a thorough investigation of my past employment and all the facts stated on my application for employment. I release from all liability or responsibility all persons, places of business, and principalities supplying such information.

Signature of Job Applicant \_\_\_\_\_

Date: \_\_\_\_\_



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# JACKSON GENERAL HOSPITAL

## Investigative Consumer Report Consent Form

I, \_\_\_\_\_, understand that, as a condition of my consideration for employment with Jackson General Hospital (the Hospital), or as a condition of my continued employment with the Hospital, the Hospital may obtain an investigative consumer report that includes, but is not limited to, my employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records, and any other information bearing on my character, general reputation, personal characteristics, and trustworthiness.

I hereby authorize and consent to the Hospital's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, when the Hospital requests an investigative consumer report, I have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act.

(Please print)

Name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date degree received (if applicable): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)



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## JACKSON GENERAL HOSPITAL

### Disclosure Statement and Authorization For Drug Screen

I, \_\_\_\_\_, hereby give my consent to use the urine specimen I provide to be tested for the following controlled substances: amphetamines, cocaine metabolites, opiate metabolites, marijuana and phencyclidine. I authorize the contracted Laboratory to perform any testing necessary to determine the presence and/or concentration in my body of said drugs. I hereby voluntarily consent to release the drug test results to Jackson General Hospital.

**Jackson General Hospital and/or its agents may need to contact you if additional information is required to process your background investigation or discuss your drug screening results. Please provide a telephone/cell phone or beeper number where we may contact you:**

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Beeper: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



