



EMPLOYMENT APPLICATION

GREENVILLE, OHIO
45331-1007

So that your application can be properly evaluated, please answer all questions carefully and completely.

PERSONAL DATA

Name: _____ Telephone: () _____
(First) (Middle) (Last) (Area Code)

Present Address: _____ How long there? _____
(Street) (City) (State) (Zip)

School District: _____ Social Security Number: _____

Previous Address: _____ How long there? _____
(City) (State)

Other names by which you have been known (including maiden name): _____

Are you a U.S. citizen? _____ If no, type of visa: _____ Visa No. _____ Date of entry: _____

EMPLOYMENT REQUEST INFORMATION

Position desired: _____ Date Available: _____

Shifts available to work: Days Evenings Nights Rotating Shifts

Full Time Part Time Call-in Listing Summer Only Temporary

Will you work weekends? Yes No Salary Expected: _____

Specify days and hours not available to work: _____

Who or what prompted you to contact Wayne Healthcare? _____

Have you previously been interviewed by us? _____ If yes, when: _____ Employed by us? _____ If yes, when? _____

Have you ever been convicted of a felony or a misdemeanor? Yes No

If yes, when? _____ Explain: _____
(Criminal convictions will not prohibit employment, but will be considered according to specific job requirements.)

Have you ever been excluded from participation in any federal health care program or participation in federal procurement and non-procurement programs? Yes No

Do you have appropriate transportation to get you to and from Wayne Healthcare in a reliable manner?
 Yes No

List relatives working for Wayne Healthcare:

Name	Relationship	Department

Military service dates, from: _____ to _____ Rank at discharge: _____
Month, Year Month, Year

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Organization or State Issued	Date Issued	Number	Verified
1.			
2.			
3.			

SPECIAL SKILLS AND ABILITIES

Typing, WPM _____ Medical Terminology Computer, specify: _____

List other relevant skills for desired position: _____

PERSONAL OR PROFESSIONAL REFERENCES (OTHER THAN RELATIVES)

NAME	PHONE 1	PHONE 2	OCCUPATION
1.			
2.			
3.			

EDUCATION

SCHOOL	SCHOOL, ADDRESS, AND TELEPHONE	ATTENDED Mo. Yr.	DID YOU GRADUATE	DEGREE AND MAJOR
HIGH SCHOOL		From	Yes <input type="checkbox"/>	
		To	No <input type="checkbox"/>	
COLLEGE		From	Yes <input type="checkbox"/>	
		To	No <input type="checkbox"/>	
GRADUATE STUDY		From	Yes <input type="checkbox"/>	
		To	No <input type="checkbox"/>	
OTHER TRAINING		From	Yes <input type="checkbox"/>	
		To	No <input type="checkbox"/>	

EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____

Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

EMAIL ADDRESS _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____

My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

This Form Provided By: Selection.com 155 Tri County Parkway; Suite 150 Cincinnati, OH 45246 Telephone - 800.325.3609 Fax - 888.767.2435