



**Madison County
Hospital**

210 North Main Street, London, Ohio 43140
740-845-7000

EMPLOYMENT APPLICATION

Madison County Hospital is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, the presence of a non-job related medical condition or disability of any other legally protected status.

Date _____

IDENTIFICATION

NAME (Last) (First) (Middle) / / Social Security Number

CURRENT MAILING ADDRESS (City) (State) (Zip)

Permanent Mailing Address (leave blank if same as above)

Home Telephone Number Business Telephone Number Message Telephone Number

Are you 18 years of age or older? ☐ YES ☐ NO

If hired, proof of your identity and employment eligibility in the United States must be established by appropriate documentation at the time you begin work with Madison County Hospital.

Have you previously been employed by Madison County Hospital? If so, give dates and name employed under.
☐ YES ☐ NO

May we contact you at work? ☐ YES ☐ NO Telephone Number: _____

MISCELLANEOUS

May we contact your present employer? ☐ YES ☐ NO

Have you been convicted of a violation of law other than a minor traffic violation within the last 7 years? ☐ YES ☐ NO
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain _____

Are you now or have you ever been excluded from participation in the Federal Medicare Program? ☐ YES ☐ NO

If yes, please explain _____

How did you learn about us?
☐ Advertisement ☐ Friend ☐ Walk-in
☐ Employment Agency ☐ Relative ☐ Other _____

Are you willing to work irregular schedules, overtime and on weekends when necessary to Madison County Hospital? ☐ Yes ☐ No
If no, please explain _____

WORK EXPERIENCE

What type of employment do you prefer?
☐ Full-time (40 hours week) ☐ Part-time (less than 40 hours/week) ☐ Temporary (less than one year duration) ☐ Casual (flexible schedule and/or hours) Which shift do you prefer?
☐ First ☐ Second ☐ Third

What type will you accept?
☐ Full-time ☐ Part-time ☐ Temporary ☐ Casual Which shift will you accept?
☐ First ☐ Second ☐ Third

Please indicate the type of work or position desired. _____

Minimum acceptable salary

\$ _____ per _____ Hour _____ Week _____ Month _____ Year

Date available to start

EDUCATION

Please circle last year of

formal education completed: 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4 5 6 7 8

Other 1 2 3 4

	NAME AND LOCATION OF SCHOOL	DIPLOMA/ DEGREE	PROGRAM OR MAJOR COURSE WORK	GRADE AVERAGE
LAST HIGH SCHOOL				
COLLEGE, UNIVERSITY, BUSINESS, TECHNICAL OR MILITARY SCHOOLS				
GRADUATE SCHOOL				

LICENSES and/or CERTIFICATES

TYPE OF LICENSE/CERTIFICATE	ISSUING STATE OR AGENCY	NUMBER	EXPIRATION DATE
<input type="checkbox"/> Chauffeur's <input type="checkbox"/> Driver's			
<input type="checkbox"/> Professional/Technical			
<input type="checkbox"/> Other (Please indicate)			

Has your License, registration or certification ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain: _____

SPECIAL SKILLS

If applicable, please indicate any trade, office or other skills and abilities possessed by you (i.e., typing, shorthand, office machines, data entry, programming skills.)

SKILL	LENGTH AND KIND OF TRAINING	YEARS OF EXPERIENCE

EXPERIENCE

Please list your work experience including U.S. Military experience, include all employment whether full-time, part-time, summer or temporary during the past ten years.

Previous employer (company name)	Telephone Number	From (Mo/Yr)	To (Mo/Yr)	Salary
Employer's Address	City	Department	State	Zip
		Supervisor		
Position Title	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Summer <input type="checkbox"/>	Temporary <input type="checkbox"/>
Description of duties, responsibilities, and equipment operated: _____				

Reason for Leaving _____				

EXPERIENCE, CONT.

Previous employer (company name)	Telephone Number	From (Mo/Yr)	To (Mo/Yr)	Salary
Employer's Address	City	State	Zip	
	Department			
	Supervisor			
Position Title	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Summer <input type="checkbox"/>	Temporary <input type="checkbox"/>
Description of duties, responsibilities, and equipment operated: _____				

Reason for Leaving _____				

Previous employer (company name)	Telephone Number	From (Mo/Yr)	To (Mo/Yr)	Salary
Employer's Address	City	State	Zip	
	Department			
	Supervisor			
Position Title	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Summer <input type="checkbox"/>	Temporary <input type="checkbox"/>
Description of duties, responsibilities, and equipment operated: _____				

Reason for Leaving _____				

Previous employer (company name)	Telephone Number	From (Mo/Yr)	To (Mo/Yr)	Salary
Employer's Address	City	State	Zip	
	Department			
	Supervisor			
Position Title	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Summer <input type="checkbox"/>	Temporary <input type="checkbox"/>
Description of duties, responsibilities, and equipment operated: _____				

Reason for Leaving _____				

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE

APPLICANT'S STATEMENT

I understand that it is the policy of Madison County Hospital to promote a drug free environment in which employees may work. I also understand that a medical examination or evaluation is required for employment. **THIS MEDICAL EXAM INCLUDES A DRUG SCREEN. EMPLOYMENT IS CONDITIONAL UNTIL THE RESULTS OF THE MEDICAL EXAMINATION OR EVALUATION AND DRUG SCREEN ARE EVALUATED BY THE COMPANY.**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six (6) months. 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.

The applicant understands that neither this document nor any offer of employment from Madison County Hospital constitutes an employment contract unless a specific document to that effect is executed by the Chief Executive Officer of Madison County Hospital and the employee in writing. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages or any other factors, be terminated at any time without previous notice and with or without reason, at the will of either myself or Madison County Hospital. I understand and agree that no one other than the Chief Executive Officer of Madison County Hospital may modify the foregoing or enter into any agreement for employment for any specified period of time and that any such modification or agreement must be in writing and signed by the Chief Executive Officer of Madison County Hospital.

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 Madison County Hospital.

Signature of Applicant

Date _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview ☐ YES ☐ NO

Reference 1 _____ /Reference 2 _____ /Reference 3 _____
Date _____ Date _____ Date _____

Date of Interview _____

Remarks _____

Interviewer

Date _____

Employed ☐ YES ☐ NO

Date Accepted _____ Date of Employment _____

Job Title

Hourly Rate/Salary Department

Approved by _____ Date _____