



CORRY MEMORIAL HOSPITAL

965 Shamrock Lane
Corry, PA 16407

Application for Employment

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION ____ / ____ / ____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE (____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

If necessary, best time to call you at home is _____

May we contact you at work? _____ YES NO

If yes, work number and best time to call _____ (____) _____
AREA CODE TIME

If you are under 18, can you furnish a work permit? _____ YES NO

Have you filed an application here before? _____ YES NO

If yes, give date _____ / _____ / _____

Have you ever been employed here before? _____ YES NO

If yes, give dates _____ FROM _____ / _____ / _____ TO _____ / _____ / _____

Are you legally eligible for employment in this country? _____ YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work _____ / _____ / _____

Type of employment desired: Full Time Part-Time Temporary Seasonal Educational Co-Op

Are you on a lay-off and subject to recall? _____ YES NO

Will you relocate if job requires it? _____ YES NO Will you travel if job requires it? _____ YES NO

Will you work overtime if required? _____ YES NO

If required by the employer, will you undergo pre-employment physical? _____ YES NO

Have you ever been bonded? _____ YES NO

Have you been convicted of a felony in the last seven (7) years? _____ YES NO
(Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain: _____

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

EMPLOYMENT HISTORY List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____	
FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____	
FROM	TO	EMPLOYER	TELEPHONE () -
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IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
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FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____	

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.

REFERENCES

NAME	TELEPHONE	YEARS KNOWN
	AREA CODE () -	
	AREA CODE () -	
	AREA CODE () -	

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature of Applicant _____ Date ____ / ____ / ____