

HUNTINGTON MEDICAL FOUNDATION

APPLICATION FOR EMPLOYMENT

Position Applied For: _____ Date of Application: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial _____

Street Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email address _____

Social Security Number: _____ Emergency Contact Name & Number: _____

List any relatives who are current or former employees of any HMF entity:

Name	Relationship
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Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?

YES NO

If necessary, please describe what type(s) of reasonable accommodations are needed: _____

Do you have the legal right to work and be employed in the U.S.?

(Proof of identity and legal authority to work in the U.S. is a condition of employment)

YES NO

Are you at least age 18?

(Proof of age and work permits may be required prior to hiring)

YES NO

HMF is an equal opportunity employer. HMF does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

EDUCATIONAL RECORD

Circle Highest Grade Completed: 1-4 5-7 8 9-11 12 13-15 16 17 or More

Type of School	Name & Address	Did you Graduate?	Month & Year Of Graduation ?	Major Degree (if any)
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High School

Junior College

College or University

Business or Trade School

Nursing School

Other

Are you presently attending school? YES NO

If, yes, educational goal & anticipated date of completion:

CLERICAL SKILLS

Typing Speed _____ Computer Programs _____

Medical Terminology YES NO EMR YES NO Other Skills Not Listed Above: _____

PROFESSIONAL AND TECHNICAL APPLICANTS ONLY

Professional License No.: _____ Expiration Date: _____

Type of License: _____ State: _____

GENERAL INFORMATION

Date available to start: _____ Full-time or Part-time? _____

Days Available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
(circle days)

Hours Available: From _____

To _____

What interested you in our organization?

What are your hobbies, special interests, and activities? (Please omit those indicating race, color, religion, sex, national origin, ancestry, age or the existence of a disability.)

Have you ever been convicted of a crime other than a traffic violation? (NOTE: A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

YES NO

If Yes, please explain and state charge, court, date, and disposition of case: _____

EMPLOYMENT / WORK EXPERIENCE

Please list all of your jobs in the past five years. (If applicable, you may list work performed on a voluntary basis. If additional pages are needed, please attach.)

Company No. 1 (present or most recent employer) Address Telephone Number

Employed (Month & Year) Rate of Pay Average Number of Hours

From: To: Start \$ _____ Ending \$ _____ Worked per Week: _____

Bonus Incentive Pay If so, how much? _____

Position(s) Held: _____

Supervisor's Name and Position: _____

Describe your duties:

May we contact this employer? YES NO

Reason for leaving: _____

EMPLOYMENT/WORK EXPERIENCE

Company No. 2	Address	Telephone Number
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Employed (Month & Year) From: _____ To: _____	Rate of Pay Start \$_____ Ending\$_____	Average Number of Hours Worked per Week:_____
Bonus <input type="checkbox"/>	Incentive Pay <input type="checkbox"/>	If so, how much?_____
<hr/>		
Position(s) Held:	Supervisor's Name and Position:	
<hr/>		
Describe your duties:		
<hr/>		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<hr/>		
Reason for leaving:		

Company No. 3	Address	Telephone Number
<hr/>		
Employed (Month & Year) From: _____ To: _____	Rate of Pay Start \$_____ Ending\$_____	Average Number of Hours Worked per Week:_____
Bonus <input type="checkbox"/>	Incentive Pay <input type="checkbox"/>	If so, how much?_____
<hr/>		
Position(s) Held:	Supervisor's Name and Position:	
<hr/>		
Describe your duties:		
<hr/>		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<hr/>		
Reason for leaving:		

Please identify and explain all periods of unemployment during the last five years:		
From	To	Reason for Unemployment
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I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by HMF unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom HMF contacts, to provide HMF any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by HMF or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of HMF. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of HMF. I understand that no employee or representative of HMF, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of HMF may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on HMF's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. I further understand that any offer of employment will be contingent upon my successful completion of a post offer medical examination, drug test and consumer credit investigation.

I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understanding or discussions I have had with the Foundation and set forth the complete agreement between the Foundation and I regarding these matters.

Signature of Applicant

Print Name

Date

AN EQUAL OPPORTUNITY EMPLOYER