



187 Hospital Drive  
Tyrone, PA 16686  
Phone: 814-684-1255  
Fax: 814-684-6390

## EMPLOYMENT APPLICATION

[www.tyronehospital.org](http://www.tyronehospital.org)

**Instructions: Please print with ink**

**Tyrone Hospital is an Equal Opportunity Employer**

### Personal

Last Name:	First Name:	Middle Initial:	Social Security Number:	
Address:	City:	State:	Zip Code:	Phone:
Other phone number at which you can be reached:		How did you find out about Tyrone Hospital:		

### Employment Interest

Type of Position Sought:	Type of Employment:	Full-time	Part-time
Salary Desired:	Date you can begin work:	Casual	
How were you referred to our organization?	Shifts you can work:	(7am - 7 pm)	(7pm - 7 am)
Is there any information we would need about your name, or another name, for us to check your work record?	Do you have any relatives employed by this organization?	1 <sup>st</sup> (7am - 3 pm) 2 <sup>nd</sup> (3pm - 11pm) 3 <sup>rd</sup> (11pm - 7am)	
Yes No Please Specify:		Yes No Please Specify:	

### Employment History

List all jobs and activities, including part-time employment, self-employment and military. Complete this section even if you have attached a resume.

Account for all periods of employment/unemployment.

Employer (Present or Most Recent):	Street:	City:	State:	Zip Code:
Supervisor (Name and Title):				
Job Title and Description of your duties:				
Employment Dates (Month and Year):	Rate of Pay:	Reason for Seeking Other Employment:		
May we contact the above employer for a reference?	Yes	No		
<b>If yes, please give contact name, area code, telephone number, and extension:</b>				

Employer:	Street:	City:	State:	Zip Code:
Supervisor (Name and Title):				
Job Title and Description of your duties:				
Employment Dates (Month and Year):	Rate of Pay:	Reason for Seeking Other Employment:		
May we contact the above employer for a reference?	Yes	No		
<b>If yes, please give contact name, area code, telephone number, and extension:</b>				

Employer:	Street:	City:	State:	Zip Code:
Supervisor (Name and Title):				
Job Title and Description of your duties:				
Employment Dates (Month and Year):	Rate of Pay:	Reason for Seeking Other Employment:		
May we contact the above employer for a reference?	Yes	No		

If yes, please give contact name, area code, telephone number, and extension:

**Other**

Comments (Including explanation of any gaps in employment):

**Military Service**

List Branch of Service: \_\_\_\_\_ Dates: \_\_\_\_\_  
From: \_\_\_\_\_ to: \_\_\_\_\_

Rank and Type of Service: \_\_\_\_\_

Training/Experience Received: \_\_\_\_\_

**Education**

High School/GED	City, State:	Grade Completed:	Curriculum:
College/Business/Trade School	City, State:	Grade Completed:	Curriculum:
Graduate/Professional	City, State:	Grade Completed:	Curriculum:

**Professional Licenses and Certifications**

Type	State	Issued	Number

**Skills and Qualifications**

Summarize any special training and/or skills that may qualify you as being able to perform job-related functions in the position for which you are applying:

**Computer Knowledge**

List knowledge of computer software programs used:

For Clerical Applicants Only:

Typing w.p.m.: \_\_\_\_\_ Office equipment used: \_\_\_\_\_

**References**

List three character, professional, or business references (not previous employers or relatives).

Name and Address:	Occupation:	Years Known:	Phone:
1. _____			
2. _____			
3. _____			

**Please read the following paragraphs before you sign this application.**

**Conditions of employment.** If I am given employment now or in the future, either in the position for which I am applying or in any other position, 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 the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If I am hired, I am required to verify that I am authorized to work in the United States. I must present this documentation within three days of my employment date. Failure to submit such proof will result in denial of employment.

Have you ever pleaded guilty to or have been convicted of any crime other than a traffic violation?    Yes    No

If yes, give details:

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**Background Investigations.** I authorize whatever inquiries Tyrone Hospital deems necessary to any person, educational institution, company to verify any of the information given in this employment application or in connection with it, and to otherwise determine my qualifications and abilities; I release such persons, educational institutions, companies or other organizations from any liability due to responding to Tyrone Hospital’s inquiries.

I also understand that my application may be rejected and my employment may be terminated at any time for any false or incomplete information given by me in connection with it.

Signature. Please read before signing to ensure that all questions on this application have been answered correctly. If you have any questions regarding this or any form, please ask them before signing.

Signature

Date

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE**

Tyrone Hospital is an equal opportunity employer. Applications submitted to Tyrone Hospital will be considered without regard to race, color, religion, sex, age, national origin, disability, genetics or other basis prohibited by state or federal law. Completion of this application does not guarantee employment or a job offer at Tyrone Hospital.