



SOMERSET HOSPITAL
SOMERSET HEALTH SERVICES
 225 South Center Avenue
 Somerset, PA 15501-2088
 Phone: 814-443-5070

APPLICATION FOR EMPLOYMENT

Somerset Hospital and Somerset Health Services are an equal opportunity employer that does not discriminate on the basis of race, sex, age, color religion, veteran status, citizenship, national origin, ancestry, non-job related handicap or disability, obligation to serve in the Armed Forces of the United States or any other characteristic protected by applicable federal, state or local laws.

PLEASE PRINT OR TYPE		Date _____
Name _____	Social Security # _____	
Street Address _____	Town/City _____	
State _____	Zip Code _____	
Telephone Number _____	Alternate Number _____	
Are you at least 18 years of age? Yes _____ No _____		
If employment, education, or military records are under a name other than indicated above, please state name used.		
Name of relative or friend employed at Somerset Hospital / Somerset Health Services, Inc.		
Name	Relationship	Department
Are you a U.S. citizen or an Alien legally eligible for work? Yes _____ No _____		
Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____ If yes, please explain:		
Do you currently have any felony or misdemeanor charges pending against you? Yes _____ No _____		
If yes, please explain: _____		
NOTE: Convictions or pending charges will not necessarily bar an applicant for employment.		

POSITION DESIRED	
First Choice _____	Second Choice _____
Are you willing to work: full-time _____ part-time _____ casual _____ temporary _____ summer _____	
Shifts you are available to work: Days _____ Evenings _____ Nights _____ Weekends _____	
Have you ever worked for us before? Yes _____ No _____ When? _____ Position _____	
If hired, on what date will you be available for work? _____	

Education	Number of Years Completed	Course of Study	Did you Graduate?	Degree or Diploma
Elementary School <i>give name & address</i>			_____ Yes _____ No	
High School <i>give name & address</i>			_____ Yes _____ No	If yes, Diploma _____ Or Degree _____
Jr. College, College or University <i>give name & address</i>			_____ Yes _____ No	If yes, Diploma _____ Or Degree _____
Nursing School <i>give name & address</i>			_____ Yes _____ No	If yes, Diploma _____ Or Degree _____
Trade / Technical School <i>give name & address</i>			_____ Yes _____ No	If yes, Diploma _____ Or Degree _____

Other special training or skills: _____

LICENSE OR CERTIFICATES

Type _____ State Issued _____ Date _____ No. _____
 Type _____ State Issued _____ Date _____ No. _____

Area of Specialization of Major Interest _____

Do you type? _____ w.p.m. _____ Do you have computer skills? _____ Yes _____ No

List any office machines you have operated: _____

Were you in the U.S. Armed Services? _____ Yes _____ No If yes, what branch? _____

Dates of Duty: From (month, day, year) _____ To (month, day, year) _____

List duties in the service including special training: _____

List previous employers – **MOST RECENT FIRST.**

Employer's Name	Complete Address	Telephone No.
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Dates Employed	From	To	Final Salary
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Nature of Duties (including supervisory)

Immediate Supervisor: _____ Reason for Leaving: _____

Employer's Name	Complete Address	Telephone No.
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Dates Employed	From	To	Final Salary
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Nature of Duties (including supervisory)

Immediate Supervisor: _____ Reason for Leaving: _____

Employer's Name	Complete Address	Telephone No.
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Dates Employed	From	To	Final Salary
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Nature of Duties (including supervisory)

Immediate Supervisor: _____ Reason for Leaving: _____

* May we contact your present employer for a reference? Yes _____ No _____

PERSONAL REFERENCES

Below, give the name of two persons not related to you and the name of a third person who may be related, all of whom you have known for at least one year.

	Name	Address and Telephone Number	Business or Occupation	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

OUR VISION, MISSION, VALUES & DRIVING STRATEGIES

VISION:

To be the hospital of choice to the communities we serve

MISSION:

To preserve and improve life by providing access to quality and customer friendly healthcare services

VALUES:

Compassion: we provide service in a caring, sympathetic manner and serve as an advocate for those in need

- ▶ Honesty: we promote trustworthiness and sincerity in all interactions
- ▶ Respect: we provide courteous and considerate service
- ▶ Integrity: we value conduct that is consistent with high moral and ethical standards
- ▶ Dignity: we provide professional, confidential and non-judgmental service to all

DRIVING STRATEGIES:

To improve customer satisfaction, to improve quality and to ensure financial viability

As a potential new employee of Somerset Hospital or its affiliates, if accepted for employment, I will adhere to the principles of this Mission Statement. I pledge to do my best to anticipate the needs of all visitors and patients, and will be aggressively friendly in all of my interactions providing a memorable moment for each customer I serve

Signature _____ Date _____

Please read and sign the following:

If accepted for employment, I agree to abide by the rules and policies of the Hospital. If accepted for employment, I understand that my employment can be terminated, with or without cause or notice, at any time, at my option or the option of the Hospital. I understand that no management representative has the authority to enter into any verbal or written agreement for the continuing employment for any specific period of time, other than in writing by the Director of Human Resources (or their designee), or the Chief Executive Officer.

I hereby give the Hospital permission to contact all or any of my previous employers, educational institutions or their individuals or organizations named in this application and authorize them to provide all information requested of them by the Hospital. I authorize the Hospital to obtain, use and rely upon that information in relation to my application. In exchange for the Hospital's agreement to receive, process and consider my application for employment, I hereby release the Hospital and any and all persons or organizations contacted by the Hospital from any and all claims or causes of action arising out of the Hospital's verification of my application for employment or its determination of my qualifications and abilities.

I understand that if an offer of employment is made to me, it shall be contingent upon my successful completion of a post offer of employment health screening to the satisfaction of the Hospital, which may include any and all tests and procedures determined by the Hospital to be required to evaluate my suitability for employment including but not limited to: drug screen, functional agility screening. I understand that if an offer of employment is made to me, that it may be a conditional offer pending a clear Criminal Background Check and/or Child Abuse History Check, if these clearances are requirements for the position for which I have been hired.

This application shall be considered active for a period of time not to exceed six 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.

I hereby certify that the information contained in this application or supplementary materials is correct and complete and I understand that falsification or omission of information in this application is grounds for refusal to hire, or if hired, for dismissal.

Signature _____ Date _____