



Attention: Human Resources Department • 200 Hospital Drive • Spencer, West Virginia 25276
 (304) 927-4444 • www.roanegeneralhospital.com

APPLICATION FOR EMPLOYMENT

Roane General Hospital is an equal opportunity employer. Federal Law prohibits discrimination in employment practices because of race, color, religion, gender, age, national origin or handicap. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of race, color, religion, gender, age, national origin or handicap.

EMPLOYMENT INTEREST Email: _____

Positions Interested in (list all):	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Clerical Application Only: Typing ____ Words per Minute	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Professional License, Registration or Certification Number:	State:	Expiration Date:
Do you have a current BLS certification? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please bring a copy of your current BLS card to your interview)		

PERSONAL DATA

First Name	Middle Initial	Last Name	Maiden Name
Address		City	State
Zip Code			
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number	Social Security Number	
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Immigration Registration Number	
Have you ever been convicted for any violation of the law other than a routine traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		
Have you had US Military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Dates of Service	
Have you ever worked at Roane General? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name used during previous employment	Job Title	
Dates previously employed at Roane General	Do you have any relatives employed at Roane General? (If yes, please give name of relative and your relationship) <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION

Name of High School	Address of High School	High School Diploma or Degree Earned
Name of College	Address of College	Degree Earned
Name of Business or Technical School	Address of Business or Technical School	Diploma or Degree Earned
Other Education:		

EMPLOYMENT HISTORY (List most recent employer first)

Name of Employer	Address	Dates of Employment	Position	Salary	Reason for Leaving
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you used any other name that may be helpful in checking your work experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		List any other names used in previous employment:		
Have you ever worked in healthcare in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any other states where you have worked in healthcare:				

I certify that the foregoing statements are true and correct to the best of my knowledge and I grant Roane General Hospital permission to verify such answers. I understand any false statement on this application may be considered sufficient cause for rejection of this application or for dismissal if such statement is discovered subsequent to my employment. I agree to a Hospital physical examination and understand that acceptance for employment is based on satisfactorily passing the examination. If employed, I agree to abide by and comply with all Hospital rules and regulations.

_____ Date

_____ Applicant's Signature

