



Human Resources Department
 One Nolte Drive
 Kittanning, PA 16201

EMPLOYMENT APPLICATION

DATE: ____/____/____

As an equal opportunity employer, Armstrong County Memorial Hospital (ACMH) does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, sex, age, disability, religion or national origin.

PERSONAL INFORMATION

Last Name		First Name		Middle Name	Prior Name(s)
Street Address		City	State	Zip Code	Social Security Number
Telephone Number		Alternate Telephone Number		Are you legally eligible for work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no	
Are you 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no		Have you ever been charged/convicted of a crime? <input type="checkbox"/> yes <input type="checkbox"/> no		A past conviction does not necessarily prevent you from being considered for employment, but will only be considered in relation to specific job requirements.	

POSITION DESIRED

Position Applying For	Nursing Specialties - Area of Interest	Desired Schedule (please <input checked="" type="checkbox"/> each box that applies)			
1st choice:	1st choice:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual	
2nd choice:	2nd choice:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Day	<input type="checkbox"/> Afternoon	
Previously employed at ACMH? <input type="checkbox"/> yes <input type="checkbox"/> no	Dates:	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends	<input type="checkbox"/> Holidays	
Date Available for Employment?					

PROFESSIONAL LICENSES/CERTIFICATIONS

Type	State	Number	Expiration Date
Type	State	Number	Expiration Date

EDUCATION

	Name & Address	# of Years	Major or Specialty	Dip./Degree
High School				
College				
Trade/Business				
Other				

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for employment:

MISCELLANEOUS INFORMATION

Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> yes <input type="checkbox"/> no	Branch	Date Entered	Date Discharged

Are you aware of any reason you cannot perform the essential functions of the job(s) you are applying for, with or without reasonable accommodations?
 yes no

PROFESSIONAL REFERENCES (List three (3) persons who can evaluate your abilities within a work environment.)

Name	Company and Title	Telephone
Name	Company and Title	Telephone
Name	Company and Title	Telephone

List most recent employer first (Additional employment should be listed on an attached sheet.) In addition to the information provided below, please attach a current resume if available.

EMPLOYMENT HISTORY				
Company Name	Street Address	City	State	Zip Code
Position Held	Employment Dates:	Salary	Reason for Leaving	
	From To	Start End		
Most Recent Supervisor (include title)	Telephone Number	May we contact for a reference?		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
Duties:				

Company Name	Street Address	City	State	Zip Code
Position Held	Employment Dates:	Salary	Reason for Leaving	
	From To	Start End		
Most Recent Supervisor (include title)	Telephone Number	May we contact for a reference?		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
Duties:				

Company Name	Street Address	City	State	Zip Code
Position Held	Employment Dates:	Salary	Reason for Leaving	
	From To	Start End		
Most Recent Supervisor (include title)	Telephone Number	May we contact for a reference?		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
Duties:				

Company Name	Street Address	City	State	Zip Code
Position Held	Employment Dates:	Salary	Reason for Leaving	
	From To	Start End		
Most Recent Supervisor (include title)	Telephone Number	May we contact for a reference?		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
Duties:				

AGREEMENT AND RELEASE

My signature below indicates that I have read, I understand and I agree to the following:

I hereby authorize Armstrong County Memorial Hospital (ACMH) to make whatever inquiries and investigations it deems necessary of any person or organization to verify any of the information given in this application and accompanying resume, if any. I understand the results of such inquiries will be used to further determine my qualifications and abilities for the job(s) for which I have applied and that all information obtained by ACMH will be used in making a hiring decision. I also authorize any school official and any other person or organization having control of any information pertaining to me, or to my application for employment, to furnish the information to ACMH. I hereby release and exonerate any such school official or any other person or organization from any liability whatsoever in relation to compliance with a request for such information from ACMH. I have read and completed this application form and fully understand all the questions and answers contained therein. I certify that the information contained in this application and accompanying resume, if any, to the best of my knowledge, is correct. I fully understand and agree that any false statement, misrepresentation, or omission from this application and accompanying resume, if any, will fully justify and, at the option of ACMH, may cause my dismissal from employment at ACMH, regardless of the time when any statement may be found to be false, misrepresented, or omitted. I understand that as a condition of employment, I must be available to work any shift as required.

Signature _____ **Date** _____