

EMHS**Endless Mountains Health System**

1-3 Grow Avenue
 Montrose, PA 18801-1199
 570-278-3801
 Fax 570-278-0269

EMPLOYMENT APPLICATION

Endless Mountains Health Systems is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Position(s) Applied For _____ Date of Application _____

Name _____ Social Security Number _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

Are you legally eligible to work in the United States? (Proof of eligibility will be required upon offer of employment) Yes No

Are you over 18 years of age? Yes No (If no, you may be required to provide authorization)

Have you ever applied to EMHS before? (If yes, please give date). _____

Have you ever worked for EMHS before? (If yes, please give date). _____

Have you ever been convicted of a felony? Yes No

If yes, explain _____
 (A conviction will not necessarily disqualify you for employment)

Is anyone related to you employed by EMHS? Yes No

If yes, please give their name and relationship to you: _____

Education:

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma or Degree
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc.

Describe any specialized training, apprenticeships, licenses or skills.

EMPLOYMENT HISTORY (Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment and attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at EMHS.)

Employer _____	Work Performed _____
Address _____	_____
_____	Employed From _____ To _____
Job Title _____	Final Salary \$ _____
Supervisor _____	Reason For Leaving _____

Employer _____	Work Performed _____
Address _____	_____
_____	Employed From _____ To _____
Job Title _____	Final Salary \$ _____
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Employer _____	Work Performed _____
Address _____	_____
_____	Employed From _____ To _____
Job Title _____	Final Salary \$ _____
Supervisor _____	Reason for Leaving _____

REFERENCES – Give name, complete address and phone number of work related references not related to you:

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION RELEASE

****Please read carefully before signing****

I hereby certify that all of the information provided by me in this application (or any other accompanying required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand and give authorization for EMHS to request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my criminal record, previous employment, and educational background. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date _____

Signature _____