



Equal Opportunity Employer
Tobacco Free Workplace

Application for Employment

214 Peach Orchard Road
McConnellsburg, PA 17233
www.fcmcpa.org

Area(s) of Interest _____

Name _____ Date _____
First Middle Last

Address _____
Street City State Zip

Telephone # (____) _____ (____) _____ (____) _____
Home Cell Other

Email Address _____ Resident of PA for past 2 years? Yes No

Type of employment desired Full-Time Part-Time Relief Per Diem Temporary
Check all that apply.

Shift(s) desired Day Evening Night Weekend 12-hour
Check all that apply.

Date available for work _____

Where did you hear about us? Internet Newspaper Radio Employee School
 Job Fair Other (Please describe _____)

Have you been employed at Fulton County Medical Center before? Yes No
If yes, provide dates of employment and position held _____

Personal Information

If under age 18, can you provide proof of eligibility to work? Yes No

Are you prevented from lawfully becoming employed in the United States because of visa or immigration status? Yes No Note: Proof of citizenship or immigration status will be required upon employment.

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
If yes, provide date(s) and details _____

Note: A criminal background check is required for employment. A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Do you have a current, valid driver's license in your state of residence? Yes No

Education

School Name & Address	Number of Years Completed	Course of Study	Achieved
High School _____ _____ _____		_____ _____ _____	<input type="checkbox"/> GED <input type="checkbox"/> Diploma
College _____ _____ _____		_____ _____ _____	<input type="checkbox"/> Certificate <input type="checkbox"/> Under Graduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other _____
Post College _____ _____ _____		_____ _____ _____	<input type="checkbox"/> Certificate <input type="checkbox"/> Under Graduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other _____
Special Training _____ _____ _____		_____ _____ _____	_____ _____ _____

Professional Licensure/Certification? Describe _____ State _____ Number _____ Expiration Date _____
CPR Certification? Adult _____ Pediatric _____ Infant _____ 2-Person _____ ACLS _____ PALS _____
Computer Skills _____
Other Skills _____
Other Language _____ Speak _____ Read _____ Write _____
Other Language _____ Speak _____ Read _____ Write _____

Have you ever had a license or registry suspended or revoked? Yes No

Military Service

Branch of Service _____ Rank at Discharge _____
 Dates of Service _____ to _____ Type of Discharge _____
 Duty/Training Relative to Position Applying for _____

Personal References

If you have no employment history or fewer than three previous employers, list personal references. Do not list relatives, previous employers, or persons you have known less than one year.

Name	Telephone Number	Relationship	Number of years known

Employment History

Starting with your current or most recent employer, complete one section for each of your most recent 3 employers.

Employer Name _____	Dates of Employment _____ to _____
Street Address, City, State, Zip _____ _____	Job Title _____
Telephone Number _____	Reason for Leaving _____
Name and Title of Immediate Supervisor _____ _____	Salary _____
Duties _____ _____ _____	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

Employer Name _____	Dates of Employment _____ to _____
Street Address, City, State, Zip _____ _____	Job Title _____
Telephone Number _____	Reason for Leaving _____
Name and Title of Immediate Supervisor _____ _____	Salary _____
Duties _____ _____ _____	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

Employer Name _____	Dates of Employment _____ to _____
Street Address, City, State, Zip _____ _____	Job Title _____
Telephone Number _____	Reason for Leaving _____
Name and Title of Immediate Supervisor _____ _____	Salary _____
Duties _____ _____ _____	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

Additional Information you would like us to consider _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the Fulton County Medical Center (FCMC) is true, complete and correct.

I expressly authorize, without reservation, Fulton County Medical Center, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Fulton County Medical Center, its agents, employees or representatives, for seeking, gathering and using such information in the employment process. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Fulton County Medical Center.

Fulton County Medical Center is an equal opportunity employer and, in conformity with applicable laws, does not discriminate with regard to race, color, creed, religion, sex national origin, age, disability, veteran status or genetics. No question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

In consideration of my employment, I agree to conform to the rules and standards of the Fulton County Medical Center, as amended from time to time at the Fulton County Medical Center's sole discretion. I understand that FCMC is a Tobacco Free Facility and that I may not smoke or use tobacco products at any time while on the FCMC campus and as provided by the Tobacco Free Workforce Policy. I understand that this application or an offer of employment does not create a contract of employment express or implied, nor does it guarantee employment for any definite period of time. I know that this application or the offer of employment does not change the at-will relationship between the Fulton County Medical Center and any of its prospective employees. I further agree that my employment and compensation can be terminated at-will, with or without cause, and with or without notice, at any time, either at my option or the option of the Fulton County Medical Center. I understand that no supervisor or representative of the Fulton County Medical Center is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Fulton County Medical Center's CEO.

I understand that all offers of employment are conditioned on the receipt of satisfactory responses to references, criminal history, FBI and DPW fingerprint and child abuse clearance background checks. I understand that a physical examination, including drug testing and analysis, is part of the employment process and that if I refuse without prior arrangements of the Fulton County Medical Center and the physician performing the examination, I will not be considered for employment.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, misrepresented, or a material omission of information in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the Fulton County Medical Center's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. If you do not understand or need clarification of any of the above statements, please speak to a member of the Human Resources Department staff BEFORE submitting the application.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date