Employment Application
Laurel Health System
32-26 Central Avenue
Wellsboro, PA 16901
(570) 723-0107
www.laurelhs.org

LAUREL HEALTH SYSTEM

PERSONAL INFORMATION

Name	Last	First		Middle
Current Address	Street			
	City	State	Zip Code	Years at this address
Telephone Number	Home	Work	Cell	
Social Security Number	N/A	Are you 18 or older ☐ Yes ☐ No	Email:	

Are you a U.S. citizen lawful permanent resident or otherwise authorized to work in the U.S. without restriction? ☐ Yes ☐ No You must provide proof of identification and employment eligibility upon hire in accordance with the Immigration Reform and Control Act.

TYPE OF EMPLOYMENT DESIRED

Position (s) applying for	1.	2.		
Hours	☐ Day ☐ Evenings ☐ Nights ☐ Rotate ☐ Weekends	☐ Full Time ☐ Part Time ☐ Per Diem ☐ Temporary	Desired Salary $	Date Available

EDUCATION AND LICENSURE

Dates requested in this section will be used only to verify the accuracy of education and licensure information.

Type of School	School Name	Location (City and State)	Degree	Year Attended
High School/GED				
College				
Technical				
Other				
Licensure	Type	State	Year	Number

Is your license current? ☐ Yes ☐ No Is your license restricted in any way? ☐ Yes ☐ No

Certifications	Type	State	Year	Number
Current ☐ Yes ☐ No				

SKILLS

Computer Skills	List computer, software, office equipment and other skills and/or training that you consider relevant to employment at Laurel Health System.

TRANSPORTATION

Complete if driving is an essential function of the position.

Do you possess a legal and current drivers license? ☐ Yes ☐ No

Do you have a clean driving record? ☐ Yes ☐ No If no, explain:

Are you Insured? ☐ Yes ☐ No Name of Insurance Carrier:

REFERENCES

List two persons, other than relatives or personal friends, who have knowledge of your work experience an/or education.

Name	Title	Organization	Contact Telephone	Years Known

EXPERIENCE

Are you currently employed? ☐ Yes ☐ No If yes, please provide name and address of your current employer?

May we contact your current employer? ☐ Yes ☐ No

Have you ever served in the Armed Forces of the United States? ☐ Yes ☐ No
If yes, state: Branch Date Entered Date discharged
Rank or Rate: Service schools or special experience:
Reserve or National Guard Status:

Have you ever been fired, involuntarily terminated or asked to resign from a job? ☐ Yes ☐ No If yes, explain

Is there any reason you may not be able to work on a regular basis or report to work on time? ☐ Yes ☐ No

Have you ever been convicted of an offense involving the neglect or abuse of patients, residents or clients? ☐ Yes ☐ No

Are you currently excluded from participation in any federal funded healthcare programs including Medicare and Medicaid and are you aware of any potential exclusion from a federally funded health program? ☐ Yes ☐ No If yes provide details.

STARTING WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS

Employment Date Start: End:	Final Salary	May we contact this employer? ☐ Yes ☐ No	Reason for Leaving
Employer:	Supervisor name:	Contact Telephone Number	
Street Address, City, State, Zip Code:			
Job Responsibilities:			

Employment Date Start: End:	Final Salary	May we contact this employer? ☐ Yes ☐ No	Reason for Leaving
Employer:	Supervisor name:	Contact Telephone Number	
Street Address, City, State, Zip Code:			
Job Responsibilities:			

Employment Date Start: End:	Final Salary	May we contact this employer? ☐ Yes ☐ No	Reason for Leaving
Employer:	Supervisor name:	Contact Telephone Number	
Street Address, City, State, Zip Code:			
Job Responsibilities:			

Have you previously worked for Laurel Health System? ☐ Yes ☐ No If yes, include
Dates of Employment Location Position Supervisor

How were you referred to us? ☐ LHS website ☐ School-Job Fair ☐ Walk-In ☐ Employee Referral
☐ Radio Station-which station? ☐ Newspaper which publication

Complete this section only if you have ever been convicted of a felony or misdemeanor
List every felony conviction with date and jurisdiction. Do not include convictions for summary offenses. It is your responsibility to ensure that all convictions are properly reported. Conviction of a crime is not an automatic bar to employment. If you have any questions as to whether a conviction should be listed, please obtain clarification from Human Resource prior to submitting this application.

Please review and acknowledge that you understand the following when making application for employment		
*I acknowledge that it is the policy of Laurel Health System to provide equal opportunity to persons regardless of race, religion, age, gender, disability or other classifications in accordance with federal, state and local statue, regulations and ordinances. *I have provided true and complete information on this application. I understand that if employed, false statements and/or information on this application will be considered grounds for dismissal. * I hereby give Laurel Health System permission to contact previous employers (unless otherwise indicated), references, schools and others. I further authorize Laurel Health System to obtain a copy of my driving record if applicable for the position. I hereby release Laurel Health System from any liability as a result of such contacts, inquires or records in order to ascertain my qualifications and fitness for employment. *I understand that this application is only valid for the position applied for at present and that Laurel Health System is not obligated to consider this application for future openings.	*I consent and acknowledge that all potential employees of Laurel Health System will undergo a medical examination including a drug screening as part of the employment process for the presence of illegal drugs. This testing is a condition of employment. Any applicant with a confirmed positive test result will be denied employment. I understand that the use of illegal drugs and/or abuse of controlled substances is prohibited during employment. * I have been advised, as a condition of employment, that a criminal background clearance must be obtained as applicable from the State of Pennsylvania and/or from the Federal Bureau of Investigation. This information is being obtained in compliance with the following regulations as applicable: Pennsylvania Act 169 of 1996, Pennsylvania Act 13 of 1997, and Pennsylvania Act 73 of 2007.	*Additionally, I give permission for Laurel Health System to check the Office of Inspector General Exclusion Lists and Excluded Parties Lists at time of employment and as necessary during employment. These regulations may prohibit the employment of persons convicted of certain crimes. *I understand and agree that this employment application, the granting of an interview and/or Laurel Health System policies, does not create or give rise to a contract for employment and that if hired, employment is at will. That if I am offered employment by the organization, my employment will be for no definite term and that neither the organization or I will have the right to terminate the employment relationship with or without cause and with or without notice. * I understand that regardless of my work schedule, I may be asked to work different shifts, weekends and holidays. A refusal to do such work may result in my dismissal. My position with Laurel Health System is my primary job. Schedule conflicts or continued unavailability to work may lead to discipline including termination.
I have read, understand and agree with the conditions of employment. ☐ Yes	Applicant's Signature	Date

Please select the LHS location for which you are interested in applying:

Acute Care	
☐ Soldiers + Sailors Memorial Hospital	
Long Term Care	
☐ The Green Home	
Assisted Living	
☐ The Laurels	
Community Based	
☐ Laurel Home Health/Hospice	
☐ Community Support Services	
Laurel Youth Services	
☐ Blossburg ☐ Greensburg	
☐ La-Sa-Quik ☐ Williamsport	
Bradford/Tioga Head Start	
☐ Athens ☐ Bentley Creek ☐ Blossburg	
☐ Canton ☐ Central Office ☐ Elkland/Knoxville	
☐ Mansfield ☐ Millerton/Tioga ☐ Troy	
☐ Wellsboro ☐ Wyalusing ☐ Wysox	
Laurel Health Centers	
☐ Blossburg ☐ Elkland	
☐ Lawrenceville ☐ Mansfield	
☐ Wellsboro ☐ Westfield	
☐ **Tioga Health Care Providers**	
☐ **Other**	

Human Resource Contact Information

Blossburg Office Laurel Youth Services Building 520 Ruah Street Blossburg, PA 16912 570-638-1105	Wellsboro Office Soldiers+ Sailors Memorial Hospital 32-36 Central Avenue Wellsboro, PA 16901 570-723-0105	Wellsboro Office The Green Home 37 Central Avenue Wellsboro, Pa 16901 570-723-0801

Thank you for completing this application form and for your interest in our organization.

Please only use this submit button if you use Microsoft Outlook or Outlook Express for email. If you use Yahoo, G-mail, Hotmail or any other web-based e-mail save this document to your desktop and attach it to an e-mail to lhshr@laurelhs.org. You can also attach your resume to the email.

Submit