



Tyrone Hospital
187 Hospital Drive
Tyrone, PA 16686

Phone: 814-684-1255
Fax: 814-684-6360
Email: HR@tyronehospital.org

EMPLOYMENT APPLICATION

Instructions: Please print with ink or type

Tyrone Hospital is an Equal Opportunity Employer

Personal

Form fields for Personal information: Last Name, First Name, Middle Initial, Social Security Number, Address, City, State, Zip Code, Phone, Alternate Phone, Email Address, How did you find out about Tyrone Hospital.

Employment Interest

Form fields for Employment Interest: Type of Position Sought, Type of Employment (Full-time, Part-time, Part-time Casual), Salary Desired, Date you can begin work, Shifts you can work, How were you referred to our organization, Do you have any relatives employed by this organization?

Employment History

List all jobs and activities, including part-time employment, self-employment and military. Complete this section even if you attached a resume.

Account for all periods of employment/unemployment.

Form fields for Employment History (repeated for three jobs): Employer (Present or Most Recent), Street, City, State, Zip Code, Supervisor (Name and Title), Job Title and Description of your duties, Employment Dates (Month and Year), Rate of Pay, Reason for Seeking Other Employment, If presently employed, may we contact your employer for references?, May we contact you at your present place of employment?, If yes, please give area code, telephone number, and extension.

Military Service

Form fields for Military Service: List Branch of Service, Dates (From, to), Rank and Type of Service, Training/Experience Received.

Education

Form fields for Education: High School/GED, City, State, Grade Completed, Curriculum; College/Business/Trade School, City, State, Grade Completed, Curriculum; Graduate/Professional, City, State, Grade Completed, Curriculum.

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**References**

List three character, professional, or business references (not previous employers or relatives).

Name and Address:	Occupation:	Years Known:	Phone:
1.			
2.			
3.			

**Professional Licenses and Certifications**

Type	State	Issued	Number

**Skills/Computer Knowledge**

List knowledge of computers/hardware/software:

For Clerical Applicants Only:

Typing w.p.m.:	Shorthand w.p.m.:	Office equipment used:

**Please read the following paragraphs before you sign this application**

**Conditions of employment.** If I am given employment now or in the future, either in the position for which I am applying or in any other position, I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If I am hired, I am required to verify that I am authorized to work in the United States. I must present this documentation within three days of my employment date. Failure to submit such proof will result in denial of employment.

Have you ever pleaded guilty to or have been convicted of any crime other than a traffic violation?    Yes    No

If yes, give details:

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**Background Investigations.** I authorize whatever inquiries Tyrone Hospital deems necessary to any person, educational institution, company to verify any of the information given in this employment application or in connection with it, and to otherwise determine my qualifications and abilities; I release such persons, educational institutions, companies or other organizations from any liability due to responding to Tyrone Hospital's inquiries.

I also understand that my application may be rejected and my employment may be terminated at any time for any false or incomplete information given by me in connection with it.

Signature. Please read before signing to ensure that all questions on this application have been answered correctly. If you have any questions regarding this or any form, please ask them before signing.

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Signature

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Date

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.    Yes    No

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**VOLUNTARY EEO IDENTIFICATION**

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(Optional -- It is not mandatory that you complete this section)

Various agencies of the United State Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information on this sheet is for compliance with certain record keeping requirements. The organization believes all persons are entitled to equal opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_ Sex:  Male  Female

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**Race/Ethnic Data**

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White (Non-Hispanic)	Asian or Pacific Islander	American Indian or Alaskan Native
Black (Non-Hispanic)	Hispanic	

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Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

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**Disabled/Veteran Classification(s)**

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Disabled Person	Vietnam Era Veteran	Special Disabled Veteran (30% or more disabled)
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**Explanation of the Categories**

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**White (Non-Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Black (Non-Hispanic):** Persons having origins in any of the black racial groups of Africa.

**Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands of the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of the race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Disabled Person:** Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

**Vietnam Era Veteran:** Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

**Special Disabled Veteran:** Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veteran's Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service connected disability.

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