

Employment Application for SouthEast Lancaster Health Services

625 South Duke Street, Lancaster, PA 17602 717-299-6371

Date	<i>Prospective employees will receive consideration without discrimination because of age, sex, race, color, religious creed, lifestyle, affectional or sexual preference, disability, ancestry, national origin, use of support animals, AIDS or HIV status, marital status, or veteran status consistent with federal, state, and local law.</i>
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Name	Street, City, State, Zip
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Phone/s #:	Social Security #:
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How long at present address?	How long at previous address?	Are you over 18?
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Have you ever applied for a position with us? When?	Position for which you are applying:
Type of employment desired: (Check all that apply.) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp	

Are you legally eligible for employment in the United States? Yes No

PROOF of employment eligibility will be required upon employment. An I-9 form must be completed on the first day or you will not be allowed to start employment at SELHS until you furnish the necessary documents.	When would you be able to begin work?
	Do you speak Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Well <input type="checkbox"/> Very well

Have you ever been convicted of or pled guilty to a crime other than a traffic offense? If "yes", give date, place, charge and disposition.

(An affirmative answer will not necessarily prevent employment.) Note: A criminal background check may be conducted by the employer, consistent with state law.

	Name of School & City & State	Did you graduate?	Main Course of Study
High School City & State			
College/Other City & State			

Present/Former Employment: (Start with your most recent employer.)

Name of current or most recent employer:	Street, City, State, Zip:
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Name of Supervisor:	Telephone:
Your job title and description of your work	Employed: From (mo/yr)
	To: (mo/yr)
Reason for leaving:	Ending wage with former employer: \$

Name of second most recent employer:	Street, City, State, Zip:
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Name of Supervisor:	Telephone:
Your job title and description of your work	Employed: From (mo/yr)
	To: (mo/yr)
Reason for leaving:	Ending wage with former employer: \$

Name of third most recent employer if within past 7 years:	Street, City, State, Zip:	
Name of Supervisor:	Telephone:	
Your job title and description of your work	Employed: From (mo/yr)	
	To: (mo/yr)	
Reason for leaving:	Ending wage with former employer: \$	
How did you find out about SELHS?		

References

Name & Phone Number	Full Address (Street, City, State, Zip)	Nature of Relationship
1.		
2.		
3.		

Employment status at will. This is not a contract of employment.

PLEASE NOTE: If the following statements are correct & true, please sign in each box.

I authorize SouthEast Lancaster Health Services to receive and release information regarding my applying for employment at SELHS.

Signature of Applicant: _____ **Date:** _____

I understand it is this company's policy **not to refuse to hire** a qualified individual with a disability because of the person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

The information provided in this application for employment is true, correct, and complete. I understand that if I am employed by SELHS, any misstatement or omission of fact on this application may result in my dismissal.

Signature of applicant: _____ **Date:** _____

I confirm that I have not been disciplined and/or terminated for breaching security in current and/or previous positions.

Signature of Applicant: _____ **Date:** _____