



APPLICATION FOR EMPLOYMENT

Date _____ Position/Department applying for _____

Shore Health Services, Inc. is an equal opportunity employer, Federal and State laws prohibit discrimination in employment practices because of race, color, religion, age, sex, handicap or national origin. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment (because of his race, color, religion, age, sex, handicap or national origin).

PERSONAL

Name (Print) Last First Middle

Home Telephone or Nearest Phone Best Time to Contact E-mail

Mailing Address: Street or P.O. Box No. City State Zip

911/Permanent Address: Street No. City State Zip

Are you employed now? Yes No Where?
Have you ever applied for a job with us before? Yes No When?
Have you ever worked with us before? Yes No Dates:
Do you have relatives employed here? Yes No In what job(s)?
Would you work full-time? Yes No
Would you work part-time? Yes No Preferred hours/days
Would you work Flexi? (an as "needed" basis) Yes No Preferred hours/days
When available?

Are you over the age of 18? Yes No Soc Sec No:

If no, employment is subject to verification that you are of minimum legal age.

Are you a citizen of the United States? Yes No

If not, do you have permission to work in the U.S.A.? Yes No

Current employment license, registration or certification number(s) (if any):

From which State or Commonwealth?

Have you ever been convicted of a felony? Yes No (Please explain to interviewer.)

EDUCATION

Table with 5 columns: TYPE OF SCHOOL, NAME AND ADDRESS OF SCHOOL, COURSES MAJORED IN, CIRCLE LAST YEAR COMPLETED (9-12), GRADUATED? GIVE DEGREES. Rows include High School or GED, College, Graduate School, Business, Trade, Nursing School, Corresp. or Night School.

SPECIAL TRAINING AND/OR EXPERIENCES

Please indicate any specialty you have been trained or certified for by writing it in the appropriate section below. Include the number of years experience you have in each specialty. Please include all of your skills and certifications.

Certifications/Registrations/Licenses (i.e. Nursing license, CPR, radiology, etc.)

TYPE _____	DATE RECEIVED _____	SKILL _____	YEARS EXPERIENCE _____
TYPE _____	DATE RECEIVED _____	SKILL _____	YEARS EXPERIENCE _____
TYPE _____	DATE RECEIVED _____	SKILL _____	YEARS EXPERIENCE _____
TYPE _____	DATE RECEIVED _____	SKILL _____	YEARS EXPERIENCE _____
TYPE _____	DATE RECEIVED _____	SKILL _____	YEARS EXPERIENCE _____

Service Skills (i.e. food service, cleaning, laundry, etc.)

Nursing Skills (i.e. Unit experience, telemetry, wound care, home care etc.)

SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____

Trade Skills (i.e. plumbing, carpentry, mechanic, etc.)

SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____

Clerical Skills (i.e. filing, billing, typing, phone, coding, transcription, etc.)

SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____

Specialized Ancillary Skills (i.e. phlebotomy, ultrasound, EKG, EEG, sleep, etc.)

SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____

Computer Skills (i.e. MSOffice, Word Excel, spreadsheet, etc.)

SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____

Other Skills (i.e. public speaking, security, etc.)

SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____
SKILL _____	YEARS EXPERIENCE _____

REFERRAL INFORMATION

Please check **one** box below to let us know how you found out about this job.

- Radio (*which station*): _____ Website (*which site*): _____
- Newspaper (*which one*): _____ Non-Employee: _____
- Employee of Shore Health Services _____
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JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered at any time during my employment. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, physicians, all references, and any other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages for having furnished such information. The Commonwealth of Virginia is an "employment-at-will" state, which means that Shore Health Services, Inc. or the employee may sever the employment relationship at any time and for any reason - with or without cause - unless prohibited by law or a bona fide employment contract.

I understand that all offers of employment are conditional based upon the satisfactory results of a Pre-Placement Physical Examination, which includes screening for the presence of illegal controlled substances. Applicants who exhibit the presence of illegal controlled substances will not be eligible for employment, and may be allowed to reapply to Shore Health Services, Inc. following one (1) year. I understand and consent to take the Pre-Placement Physical Examination, including blood, urine or any other drug-screening tests that may be requested by SHS in connection with the processing of my employment application. I further understand and agree that I may be subject to random drug screening tests at any time during my employment, based upon regulations of the Drug-Free Workplace Act of 1988, the Americans with Disabilities Act of 1990, and the SHS Drug-Free Workplace Policy. I further understand that refusal to submit to any job-related physical/medical examination or drug-screening test deemed necessary by SHS may result in disciplinary action, including immediate termination. Lastly, I understand that any information obtained by SHS through such examinations and tests may be retained by SHS and are the exclusive property of SHS. Costs for such examinations will be paid by SHS.

I acknowledge that I have read, understand, and will abide by the above certification, that a copy has been furnished to me, and that another copy is retained as a permanent part of my personnel file.

SIGNATURE OF APPLICANT

DATE

HUMAN RESOURCES USE ONLY