



Applicant, please print the following:

Name _____

Position(s) You Are Seeking:

1. _____
2. _____
3. _____

We would like to extend to you greetings from the entire Monongalia Health System Family! Thank you for your interest in our employment opportunities.

At Monongalia Health System, we strive to deliver the highest quality health care services in a professional, caring manner. Our goal is to exceed our patients expectations for service and quality. Put simply, we want to be the best. As such, we are committed to working as a dedicated team of professionals providing personalized care and service with compassion and respect.

To ensure that we accomplish our goal, we have established service standards as benchmarks for our success. Our health care services are built on the foundations and safety, integrity, courtesy, presentation, and efficiency. Additionally, we strive to present a look of excellence through our professional appearance that meets the needs and expectations of each of our patients. Though our commitment to these standards, we distinguish ourselves as employees who care enough about our patients to treat them as unique individuals. Without a doubt, this is a special place to be!

If invited to join our team of dedicated professionals, you too will be asked to commit to our service standards of excellence and contribute to keeping Monongalia Health System the premier organization that it is. Once again, thank you for your interest. We look forward to reviewing your application.

Sincerely,

A handwritten signature in black ink, appearing to read "Darryl L. Duncan".

Darryl L. Duncan, FACHE
President and CEO

I recognize that the delivery of quality customer service is an important part of employment at Monongalia Health System. Furthermore, I understand that I will be asked to commit to the Service Vision of Monongalia Health System should I be offered employment.

Applicant, please sign here:

Signature

Date

1000 J.D. Anderson Drive · Morgantown, WV 26505 · (304) 598-1200 www.monhealth.com



**MONONGALIA
HEALTH
SYSTEM, INC.**
1200 J.D. Anderson Drive
Morgantown, WV 26505
598-1200

EMPLOYMENT APPLICATION

(Please answer every question in ink)

PERSONAL

| | | | | |
|----------|------------|-------|----------------|------------------------|
| NAME: | Last | First | Middle Initial | Social Security Number |
| ADDRESS: | Street/Box | City | State | Zip |
| | | | | Telephone Number |

If you have lived at the above address for less than one year, please state your previous address:

| | | | | |
|------------|------|-------|-----|------------------|
| Street/Box | City | State | Zip | Telephone Number |
|------------|------|-------|-----|------------------|

Notify in Emergency:

Are you prevented from lawfully becoming employed in the U.S.? Yes No

Can you produce documented proof of your eligibility for employment in the U.S.? (Driver's License and Social Security Card or Birth Certificate or Immigration and Naturalization Service Documents)? Yes No

Position(s) desired:

| | | |
|-----------------|------------------------------|---|
| Date Available: | Minimum Salary Requirements: | Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------|------------------------------|---|

Which shifts are you available to work? (Please circle all that apply). Full-time Part-time On-call Day Afternoon Night

Have you previously been employed at Monongalia Health System? Yes No

Position(s) _____ Date(s) _____

Are you a relative or domestic partner of a Mon Health System employee? Yes No

I was referred for employment at Mon Health System by: Newspaper Ad Website Direct Mail Letter Job Fair

MHS Employee (Name) _____ Other _____

Have you previously plead or been found guilty of a felony? Yes No If yes, explain:

EDUCATION

| | NAME | CITY/STATE | GRADUATED (YES/NO) | DEGREE/DIPLOMA | MAJOR |
|------------------------|------|------------|--------------------|----------------|-------|
| High School | | | | | |
| Technical/Professional | | | | | |
| College/University | | | | | |
| Graduate School | | | | | |
| Specialty Courses | | | | | |

Please list computer software experience. _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application:

Professional registration or license:

Type: _____ State: _____ Registration Number: _____ Dates: _____

Have you ever had your license, registration or certification revoked or under investigation by the licensing, registration or certification board? Yes No

Have you served in the U.S. Armed Forces? Yes No Branch: _____

Date: _____ Training: _____

EMPLOYMENT – Please account for all time, employment or otherwise

| | | |
|---|---|-------------------|
| 1. Name and Address of Most Recent Employer: | | Telephone Number: |
| Immediate Supervisor (Name & Position) | Date Hired | Starting Rate |
| Job Title & Duties (Please Circle) FT PT On Call # hrs/wk ___ # days/wk ___ | Date Left | Last Rate |
| Reason for Leaving | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---|---|------------------|
| 2. Name and Address | | Telephone Number |
| Immediate Supervisor (Name & Position) | Date Hired | Starting Rate |
| Job Title & Duties (Please Circle) FT PT On Call # hrs/wk ___ # days/wk ___ | Date Left | Last Rate |
| Reason for Leaving | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---|---|------------------|
| 3. Name and Address | | Telephone Number |
| Immediate Supervisor (Name & Position) | Date Hired | Starting Rate |
| Job Title & Duties (Please Circle) FT PT On Call # hrs/wk ___ # days/wk ___ | Date Left | Last Rate |
| Reason for Leaving | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please list any additional employers: _____

Please list any additional references below:

Name _____ Title/Relationship _____ Phone Number _____
 Name _____ Title/Relationship _____ Phone Number _____
 Name _____ Title/Relationship _____ Phone Number _____

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 the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the hospital and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."

"I agree to submit to a physical examination including a post offer employment drug screen whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with hospital policies and procedures."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for six months from the date completed, after which I would have to reapply."

Signature of Applicant _____

Date _____



**MONONGALIA
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EMPLOYMENT REFERENCE CHECK

ATTENTION APPLICANTS

AUTHORIZATION TO RELEASE INFORMATION

I voluntarily give Monongalia Health System, Inc. , permission to make a thorough investigation of my past employment and all other facts within my application for employment, and release from liability or responsibility all persons, places of business and municipalities supplying such information.

X _____ X _____
Signature Date

ATTENTION PRIOR EMPLOYER

Name: _____ S.S. Number _____

The person named above has applied for a position with Monongalia Health System, Inc., as a _____
_____ And has stated he/she was in your employ from _____
to _____. We would greatly appreciate your completing this form and returning it at your earliest convenience.
Thank you.

Human Resources

Are the above dates correct? _____ If not, please list correct dates _____ to _____
Position held _____ Reason for separation _____

Would you re-employ? Yes No If no, why not? _____

| FACTORS | EXCEPTIONAL | SATISFACTORY | FAIR | UNSATISFACTORY |
|-------------------|-------------|--------------|------|----------------|
| Quality of Work | | | | |
| Quantity of Work | | | | |
| Attendance Record | | | | |
| Character | | | | |
| Initiative | | | | |
| Cooperation | | | | |
| Honesty | | | | |

Are there any unusual circumstances surrounding this person's employment which should be discussed personally Yes No

Comments: _____

Signed: _____
Title: _____
Company: _____
Date: _____



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NOTICE TO APPLICANTS

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take a pre-employment screening test, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

APPLICANT AGREEMENT

If an offer of employment is made, I agree to submit to a medical examination including a drug test and understand that my subsequent employment will be contingent on the results of the medical examination.

I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and workers compensation claim history, and that all such information will be retained by the examining physician in his/her confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish or a positive drug screen result could result in termination of my employment, if hired.

Applicant Signature

Date

APPLICANT RELEASE

I recognize and acknowledge that as part of the job activities required, I may be called upon to perform manual labor, and that incident to the employment application, I may be requested to demonstrate the physical abilities required for the job performance. By electing to pursue the job application and demonstrating the ability to perform the manual labor, I waive and release any and all claims which I may otherwise have by reason of any accident, injury or condition which may be occasioned by me as a result of a demonstration of my ability and capacity to perform the required labor.

Applicant Signature

Date

NOTICE TO APPLICANTS – Criminal Background Checks

An offer of employment in certain positions at Monongalia Health System will be contingent upon a criminal background check at the county, state, and federal level. In addition, a review of the Department of Health and Human Services (DHHS), Office of Inspector General's (OIG) list of individuals excluded from participation in Medicare, Medicaid, and other federal health programs will be conducted. If the results of the background check indicate evidence of an arrest or conviction for a crime that could place Monongalia Health System, patients, and/or co-workers at risk, employment may be prohibited. Employment at Monongalia Health System is prohibited for any individual on the DHHS OIG list of excluded individuals.

Positions that require use of a vehicle to perform job duties and responsibilities will require a state motor vehicle report. A state motor vehicle report will reveal restrictions, violations, license revocations, auto insurance cancellations, and accidents. An unfavorable report may effect your ability to be employed in a position that involves driving responsibilities.

In accordance with the regulations set forth by the WV Department of Health and Human Services, all service providers working in residential care, day care centers, long-term care, or home health care will also be checked for convictions of a felony or misdemeanor offense constituting abuse, neglect, or misappropriation of property of a child or incapacitated adult through the WV Central Abuse Registry. Listing on the Registry will prohibit employment.

I also agree to advise my employer of any arrest or convictions for an offense as set forth above. I understand that my failure to do so will result in my discharge of employment. I further understand that my employer may elect to conduct a criminal background check at any time during my employment.

I have read the above notice and understand, and consent to, a criminal background check, state motor vehicle report, and/or WV Central Abuse Registry report being conducted and, if applicable, be considered in reviewing my application for, and/or placement, for employment.

Signature of Applicant

Date