



100 Hoylman Drive
Gassaway, West Virginia 26624
(304)364-5156
Fax: (304) 364-5809

To: Employment Applicants

Thank you for expressing an interest in working at Braxton County Memorial Hospital. Please find enclosed an employment application. It is most important that all sections of the application be completed as accurately as possible. Please note that your signature is needed on the enclosed reference forms as well. The reference forms will be mailed to your previous employer(s) by BCMH. Please be sure to provide complete mailing addresses and telephone numbers for your references.

Your application will be kept on file for 1 (one) year and will be reviewed by the appropriate Departmental Manager as positions become available. You will be contacted at that time if you meet the qualifications for the position.

In order for your application to be considered, please return it along with the signed reference forms to:

Braxton County Memorial Hospital
Human Resources Department
100 Hoylman Drive
Gassaway, WV 26624

Sincerely,

BCMh Human Resources Department

Braxton County Memorial Hospital
Attn: Human Resources Department
100 Hoyleman Drive
Gassaway, WV 26624

Main Phone: 304-364-5156
HR Phone: 304-364-1021
HR Fax: 304-364-1154

REFERENCE REQUEST
RELEASE OF INFORMATION

I voluntarily give Braxton County Memorial Hospital, Inc. permission to make a thorough investigation of my past employment and all other facts stated below. I authorize and release from liability or responsibility all persons, companies, schools and municipalities supplying any information regarding me whether or not it is a matter of record.

Date

Applicant's Signature

Social Security Number

APPLICANT – DO NOT WRITE BELOW THIS LINE – RETURN WITH APPLICATION

The person named above has applied for a position with Braxton County Memorial Hospital, Inc. as a/an _____ and has stated that he/she was previously employed by your company from _____ to _____. We would appreciate it if you would furnish us with as much of the information requested below as possible. The information given to us will be held strictly confidential. If there are any other comments that you do not wish to put into writing, please contact the Human Resources Department at (304) 364-1021 (collect). We would appreciate your prompt attention to this matter.

Please return the completed form to BCMH.
Sincerely,

Human Resources Department

Applicant's Name: _____ SS#: _____

Position Held: _____

Dates in Your Employ: _____

Did the applicant satisfy your attendance requirement with or without reasonable accommodation? ___ Yes ___ No

Reason for leaving: _____

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

Our policy only allows the release of date of employment and/or title of position: ___ Yes ___ No

Please rate the applicant on the following characteristics:

	Poor	Fair	Good	Very Good	Excellent
Quality of Work					
Quantity of Work					
Dependability					
Creativeness					

Additional Comments: _____

Signed: _____ Title: _____ Date: _____

Braxton County Memorial Hospital

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EMPLOYMENT APPLICATION

Applications will be kept on file for one year

“An Equal Opportunity Employer”

The following information is requested in order to help us make the best possible decision about your potential employment. All portions of this application pertaining to you must be completed. We appreciate the time you spend filling in this application form. The Company, in accordance with State and Federal laws, does not unlawfully discriminate on the basis of age, race, religion, color, sex, national origin, familial status, marital status, or physical or mental disability. Please answer only the questions asked and do not add any extraneous information or material. Adding information that the Company did not request may result in your Application being returned to you.

Applicants may request any reasonable accommodations in the application

Drug Screening Required Upon Offer of Employment

1 For The Record

Date: _____

Name: _____ Telephone: (Home) _____
LAST FIRST MI (Other) _____

Present address: _____
STREET CITY STATE ZIP -

Previous address: _____
STREET CITY STATE ZIP -

Are you legally eligible for employment in the United States? _____ Social Security No.: _____

Have you ever been convicted of a felony? _____ Yes _____ No (Note: Conviction of a felony is not an automatic bar to employment, but will be considered on a case-by-case basis based upon the facts of the conviction and the job duties of the position for which you are applying.)

2 Your Career Preferences

Position desired: _____ If now employed, why do you wish to change your position? _____
1 _____
2 _____
3 _____

Preference:
_____ Full Time (generally 40 hours per week)
_____ Part Time - If part time, what hours would you be available to work? _____
_____ Temporary
_____ Any available

Required earnings: \$ _____ Can you work weekends? _____ Yes _____ No _____ Occasionally

3 Education

	NAME & ADDRESS	MAJOR/MINOR	GPA
High School/GED		N/A	N/A
College			
Graduate School			
Business or Trade School			
Other			

Professional Organization Memberships: _____

Current Professional License/Certification No: _____

Clerical Skills: Typing WPM _____ Machines or equipment you have skills to use: _____

4 Employment History LIST YOUR LAST THREE JOBS BEGINNING WITH MOST RECENT.

Indicate by number any of the following employers you prefer us NOT to contact: (Please Circle)

1

2

3

1

Company Name: _____ Supervisor Name: _____
Address: _____ Your Position: _____
City & State _____ Zip: _____ Job Duties: _____
Telephone: _____ Dates: From _____ to _____ Salary: _____
Reason for leaving _____

2

Company Name: _____ Supervisor Name: _____
Address: _____ Your Position: _____
City & State _____ Zip: _____ Job Duties: _____
Telephone: _____ Dates: From _____ to _____ Salary: _____
Reason for leaving _____

3

Company Name: _____ Supervisor Name: _____
Address: _____ Your Position: _____
City & State _____ Zip: _____ Job Duties: _____
Telephone: _____ Dates: From _____ to _____ Salary: _____
Reason for leaving _____

Please include on separate sheet the above information on any other jobs you have held pertaining to the employment you are seeking now.

5 Prior employment with BCMH?

Have you previously worked at Braxton County Memorial Hospital? _____ Yes _____ No

If yes, complete the following section:

Previous name(s) used: _____
Department/Job Title: _____
Previous dates of employment: _____

6 Your Legal Responsibility

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions. I understand and agree that any misrepresentation in my application will be sufficient cause for cancellation of the application and/or separation from Braxton County Memorial Hospital (BCMh). I authorize and release from liability or responsibility all persons, companies, schools and municipalities supplying any information regarding me whether or not it is a matter of record. I voluntarily give BCMH permission to make a thorough investigation of my past employment and all other facts stated above. I understand the job I am applying for is an employment-at-will position and not a contract for employment. I further understand that BCMH may terminate me at any time without statement of reason and I may quit BCMH for any reason. No contrary implied agreement has been made to me. I further realize that employment cannot be finalized until reference information, licensure verification (if applicable), and post job offer medical examination have been completed. The medical examination will involve screening for drugs or alcohol.

Date _____ Signature of Applicant _____

Thank you for applying with BCMH.