



UNIVERSITY PHYSICIANS & SURGEONS, INC.

1600 MEDICAL CENTER DRIVE, HUNTINGTON, WV * 304/691-1600 OR TOLL FREE AT 877/691-1600

PERSONAL

Last Name		First Name		Middle Initial		Home Phone		Alternate Phone					
Present Address	Street	City	State	Zip	Permanent Address	Street	City	State	Zip				
Social Security Number		U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, what is your immigration status?				Date Visa Expires					
Other names under which you have been previously employed:					Names of friends or relatives employed by UP & S:								
Have you ever applied here before?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when?		Have you ever been employed by UP & S?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?					
If you wish to volunteer information regarding any job accommodations which you might require, please use this space:													
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, list date, offenses, and dispositions: (Convictions are not an immediate disqualification from employment)											
Name of person to notify in event of an emergency:			Address			City		State		Zip		Phone	

EDUCATION, SKILLS, LICENSES

School or Institution	Name and Address of School	Major	Dates Attended	Degree/Diploma (Yes or No)	Type of Degree and/or Diploma

Have you ever served in U.S. Armed Forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch of Service	Date	Any Specialized Training?
Do you hold any professional license or certification? Yes <input type="checkbox"/> No <input type="checkbox"/>				Special Certification?
Type:	Number:	State(s):	Expiration Date:	

EMPLOYMENT INTEREST

Date Available	Salary Expected:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Pool <input type="checkbox"/> Temporary <input type="checkbox"/>	Days <input type="checkbox"/> Evenings: <input type="checkbox"/>
Can you work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>	How were you referred to UP & S? <input type="checkbox"/> Classified Ad <input type="checkbox"/> Journal Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee <input type="checkbox"/> Career Fair <input type="checkbox"/> Other, Specify		Other skills or qualifications which would be of interest to UP & S?	
If applying for a nursing position, indicate experience:			EXPERIENCE	
<input type="checkbox"/> Cardiovascular Services	<input type="checkbox"/> Home Health	<input type="checkbox"/> Nursery	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Surgery
<input type="checkbox"/> CCU	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Physical Rehab	<input type="checkbox"/> Supervision
<input type="checkbox"/> Emergency	<input type="checkbox"/> IV	<input type="checkbox"/> Oncology	<input type="checkbox"/> Psychiatry & Behavioral Medicine	<input type="checkbox"/> Telemetry
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Med./Surg.	<input type="checkbox"/> Open Heart	<input type="checkbox"/> Recovery Room	
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Neurology	<input type="checkbox"/> Operating Room	<input type="checkbox"/> SICU	
<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> NICU	<input type="checkbox"/> Orthopedic		
			<input type="checkbox"/> Computer/ Word Processing	<input type="checkbox"/> Medical Terms
			<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Shorthand _____ (WPM)
			<input type="checkbox"/> Medical Billing	<input type="checkbox"/> Typing _____ (WPM)
				List software programs in which you are proficient. _____ _____ _____

PLEASE COMPLETE, SIGN AND DATE THE BACK OF THIS APPLICATION

List current or most recent employer first. Explain all periods of unemployment in "REMARKS". Use additional sheets if necessary to record all past employment.

Company Name (Current or Last)	Address	Telephone	Date Employed From:	To:
Job Title	Supervisor's Name/Title	Type of Business	Base Rate of Pay Start:	Last or Current Rate:
Description of Duties:		No. hours worked per week/shift	Reason for Leaving:	

Company Name	Address	Telephone	Date Employed From:	To:
Job Title	Supervisor's Name/Title	Type of Business	Base Rate of Pay Start:	Last or Current Rate:
Description of Duties:		No. hours worked per week/shift	Reason for Leaving:	

Company Name	Address	Telephone	Date Employed From:	To:
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Description of Duties:		No. hours worked per week/shift	Reason for Leaving:	

REMARKS

PERSONAL REFERENCES

List people who are qualified to evaluate your capabilities (Do not include relatives)	Telephone	Occupation	Years Known

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION: (If the position for which I am applying requires a license for example, RN or LPN, I understand that it is my responsibility to keep this license current with a copy supplied to the appropriate department.

I certify that my answers to the questions on this application are true and complete, to the best of my knowledge, and give University Physicians & Surgeons the right to investigate all information and to secure additional information if necessary. I understand after an offer of employment has been made to me, that the satisfactory completion of a physical examination is a condition of employment and that this exam includes a drug screen and that I may be denied employment based on the results.

I also understand that no employee is authorized to offer me employment, promise me salary increases, change of position, advancement, or terms of my employment, or any other advantages except those persons officially designated by the medical center. Further, I understand that my employment is terminable at will.

If I am offered a position and I accept employment with University Physicians & Surgeons, I agree to abide by all the rules and regulations which are in effect or may be established in the future. I agree to work any shift necessary for adequate coverage of the department and agree to work overtime hours if called upon. I also agree to attend guest relations programs and will participate fully in the guaranteed-patient satisfaction trainings provided to me by University Physicians & Surgeons. I understand, if employed as a staff employ, that I am employed on a waiting period status for ninety days, and that any monies provided me as a discretionary allowance, relocation expense, reimbursement or other monetary support not included in my employee wages must be repaid in full if I leave my employment prior to satisfying completion of my employment obligation (minimum 1 year). Furthermore, I understand that falsification of any information on this or any other medical center related form may result in withdrawal of job offer or discharge after employment. I authorize University Physicians & Surgeons to make a thorough investigation of my past employment, school records, and all other facts or references stated above, and release from all liability or responsibility all persons, places of business, educational institutions and municipalities supplying such information.

SIGNATURE _____ DATE _____