

Human Resources Department
 209 Hathaway Park
 Lebanon, PA 17042
 Phone: 717-270-7901
 Fax: 717-270-7943
 www.gshleb.org

EMPLOYMENT APPLICATION



Good Samaritan Health System is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Please check which location(s) you are applying to:

- The Good Samaritan Hospital Good Samaritan Physician Services GSH Imaging
 Lebanon Outpatient Surgery Center GSH Home Med Care GSH Dialysis

Please list which position(s) you are applying For:

1. _____ 2. _____ 3. _____

Are you interested in:

- Full-time Per diem / Flex Any Shift Evening Shift
 Part-time Temporary Day Shift Night Shift

Social Security #: _____

Are you authorized to work in the United States?

- Yes No

Are you under the age of 18?

- Yes No

Have you ever pled guilty, entered a plea of nolo contendere or been convicted of a felony or misdemeanor? If yes, describe: _____

- Yes No

Have you ever been excluded from participating in any governmental programs, i.e. Medicare, Medicaid or Champus?

- Yes No

Have you ever been employed by Good Samaritan before?

- Yes No

If yes, dates employed and which department? _____

PERSONAL INFORMATION

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Telephone #: _____

Cell Telephone #: _____

Work Telephone #: _____

Email Address: _____

How did you hear about employment with Good Samaritan Health System?

- Newspaper Website Walk in Journal GSHS Employee Billboard TV

EDUCATION

Level	Name & Address	Course of Study	Graduated	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tech or Nursing School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS * Include driver's license if required for position.

Type	State	Registration #	Date Issued	Expiration Date

If not licensed in Pennsylvania, have you applied?

- No Yes – Date: _____

EMPLOYMENT HISTORY *Begin with most recent employment.

Employer Name:		Job Title:	
Address:		Dates Employed:	
Phone #:	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current or Final Salary:
Supervisor:		Reason for Leaving:	

Description of Duties:

Employer Name:		Job Title:	
Address:		Dates Employed:	
Phone #:	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current or Final Salary:
Supervisor:		Reason for Leaving:	

Description of Duties:

Employer Name:		Job Title:	
Address:		Dates Employed:	
Phone #:	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current or Final Salary:
Supervisor:		Reason for Leaving:	

Description of Duties:

Employer Name:		Job Title:	
Address:		Dates Employed:	
Phone #:	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current or Final Salary:
Supervisor:		Reason for Leaving:	

Description of Duties:

Employer Name:		Job Title:	
Address:		Dates Employed:	
Phone #:	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current or Final Salary:
Supervisor:		Reason for Leaving:	

Description of Duties:

SPECIAL SKILLS & QUALIFICATIONS

Please summarize:

U.S. Military Service	Branch:	Dates of Active Duty:	Special Training:
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EMPLOYMENT REFERENCES

*Please do not include family members, neighbors or personal friends.

Name:	Organization:
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Working Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Instructor <input type="checkbox"/> Coworker	Telephone #:
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Email:	Fax #:
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Name:	Organization:
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Working Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Instructor <input type="checkbox"/> Coworker	Telephone #:
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Email:	Fax #:
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Name:	Organization:
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Working Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Instructor <input type="checkbox"/> Coworker	Telephone #:
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Email:	Fax #:
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Name:	Organization:
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Working Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Instructor <input type="checkbox"/> Coworker	Telephone #:
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Email:	Fax #:
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Thank you for your interest in employment with the Good Samaritan Health System.

Please read and sign the Employment Application Release & Agreement on the back of this page and return your completed application to the Human Resources Department. Thank you!



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209 Hathaway Park
Lebanon, PA 17042
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EMPLOYMENT APPLICATION RELEASE & AGREEMENT

*Please read before signing.

I confirm that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that falsifying, misrepresenting or omitting any material facts in these documents may be cause for denial of employment or immediate termination of my employment regardless of the circumstances or when it is discovered.

I understand that employment is contingent upon the completion of the pre-employment physical and drug screen, the criminal background check, and receipt of satisfactory references. I understand that my offer of employment may be withdrawn or my employment may be terminated if any of the following occur: if the physical, drug screen, criminal background check or references have unsatisfactory results; if I refuse to cooperate with these pre-employment screenings or checks; or if I make any attempt to alter the results of these pre-employment screenings or checks.

I understand that it is the policy of Good Samaritan Health System (GSHS) to check the criminal history of all prospective employees. I understand that prospective employees who have pled guilty, entered a plea of nolo contendere, or been convicted of a *felony*, may be denied employment or terminated from employment if provisionally hired. I also understand that prospective employees who have pled guilty, entered a plea of nolo contendere, or been convicted of a *misdemeanor*, may be denied employment or terminated from employment if provisionally hired.

I authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to GSHS and/or any of its representatives, agents or vendors. My signature below indicates my approval for this process and for the release of any such information requested during the reference. I waive all claims, any right of action, cause of action, or other means of redress related to both the completion of the reference by my former employers and any further disclosure of information about me, and I release all prior employers from whom such information is obtained from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

I understand that the GSHS does not unlawfully discriminate in employment and that no question will be used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law. Finally, to the extent I have signed with my prior employer any document by which the prior employer promised not to disclose information requested on this form, I waive all rights to enforce such a promise and release my prior employer from any such non-disclosure obligation. I certify that I have read, fully understand, and accept all terms of this statement.

Applicant's Signature:	Date:
Print Name:	