



**University Suburban Health Center**  
**Application for Employment**

Qualified applicants are considered for all positions without discrimination based upon race, color, religion, sex, national origin, age, marital status, or disability.

**PERSONAL**

**PLEASE PRINT**

|   |       |        |   |
|---|-------|--------|---|
| Last Name   | First | Middle | Date  |
| Street Address  |       |        | Home Telephone<br>( )                           |
| City, State, Zip  |       |        | Business Telephone<br>( )                       |
| Position Applied For and indicate if Full-time, Part-time or PRN  |       |        | Social Security Number                          |
| Have you ever applied or been employed with this Company? ____ Yes ____ No If Yes, When?                                    |       |        | Are You Over 18?<br>____ Yes ____ No            |
| Are you related to anyone currently working for the Company? ____ Yes ____ No<br>If Yes, please list Name and Relationship: |       |        | When will you be available to begin work? _____ |

Have you been convicted of a felony? \* \_\_\_\_ Yes \_\_\_\_ No

If Yes, describe in full, including dates(s):

—

1. Have you ever illegally sold any narcotics, amphetamines, barbiturates or other dangerous drugs?

Yes  No If "yes," give details \_\_\_\_\_

2. Are you currently using illegal narcotics, amphetamines, barbiturates or other dangerous drugs?

Yes  No If "yes," give details \_\_\_\_\_

\*An applicant must answer this question unless the record has been expunged (sealed) pursuant to §2953.31 et seq. of the Ohio Revised Code. The question must nevertheless be answered if the nature of such conviction bears a direct and substantial relationship to the position for which the applicant has applied.

**SKILLS**

If you are experienced on any technical or office equipment, please list:

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**EDUCATION: If diploma or certification is in a different name, please indicate:**

| School      | Name and Location of School | Course of Study | No. of Years Completed | Did You Graduate?   | Degree or Diploma |
|-------------|-----------------------------|-----------------|------------------------|---------------------|-------------------|
| Elementary  |                             |                 |                        | ____ Yes<br>____ No |                   |
| High School |                             |                 |                        | ____ Yes<br>____ No |                   |
| College     |                             |                 |                        | ____ Yes<br>____ No |                   |
| Graduate    |                             |                 |                        | ____ Yes<br>____ No |                   |

List scholastic achievements, organizations and internships:

\_\_\_\_\_



| EMPLOYMENT (continued)                 |  |
|--|--|
| Company Name                           | Telephone<br>( )                             |
| Address                                | Employed - (state month and year)<br>From To |
| Name of Supervisor                     | Compensation<br>Start Last                   |
| State Job Title and Describe Your Work | Reason for Leaving                           |

**(This application must be fully completed even if a resume is attached.)**

**Please Read Carefully Before Signing**

I understand that any false statements upon this application no matter when discovered, will result in termination from employment with University Suburban Health Center (USHC) should I become an employee.

I understand and agree that, if hired, my employment with USHC is for no definite period and may be terminated at any time for any reason without prior notice. Just as I may resign my employment at any time, for any reason, USHC will have full right and authority to terminate my employment within its sole discretion. I understand and agree that the terms and conditions of my employment, if hired, can only be varied from this "at-will" arrangement through written documentation from an officer of USHC specifically authorized to make such contracts.

I also understand and agree that USHC has the right to modify, amend, or terminate policies, procedures, rules, and benefit plans in its discretion and/or a manner consistent with requirements imposed by law.

I acknowledge and agree that, should I receive an initial offer of employment, such offer is contingent upon my completion of a medical examination upon request by USHC which includes testing for the use and/or abuse of drugs and alcohol to confirm my ability to perform the essential functions of the position(s) for which I am being considered. I understand that my refusal to undergo such examination (including drug/alcohol testing) or my failure to test negative on the drug/alcohol test will preclude me from obtaining and continuing employment with USHC. Further, I hereby authorize and agree that all medical information obtained in association with this pre-placement examination shall be released from the appropriate medical personnel to USHC and release and hold harmless all persons, companies, and other entities conducting such examination from all liability(ies) and damages whatsoever in association with such examination.

I understand that this application for employment shall be considered active for a period of time not to exceed three (3) months. I understand that, if I wish to be considered for employment beyond this time, I should contact USHC to inquire as to whether applications are being accepted for positions at such time.

I understand and accept the conditions in this statement.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**(PLEASE SIGN THE FOLLOWING PAGE)**

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**AUTHORIZATION TO VERIFY INFORMATION**

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I authorize University Suburban Health Center to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security No. \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY USHC HIRING MANAGER**

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Disposition \_\_\_\_\_ Date Employed \_\_\_\_\_ Starting rate \$ \_\_\_\_\_ per \_\_\_\_\_

Job Classification \_\_\_\_\_ Department \_\_\_\_\_ Clock No. \_\_\_\_\_

Interviewed by \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY USHC HUMAN RESOURCES**

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References verified by \_\_\_\_\_ Date \_\_\_\_\_

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