



7 STEPS TO A NEW CAREER WITH The Chesapeake Health Family

CHESAPEAKE GENERAL HOSPITAL EMPLOYMENT APPLICATION
736 Battlefield Boulevard, North, Chesapeake, Virginia 23327-2028
P.O. Box 2028, (757) 312-6162 *An Equal Opportunity Employer MFVH*

1. FOR THE RECORD

PLEASE PRINT

DATE: _____

NAME: Last _____ First _____ Middle Initial _____

TELEPHONE: Home _____ Other _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

Are you licensed to drive a car? Yes No Social Security # _____

Are you 18 years or older? Yes No If you are not a U.S. Citizen please state Visa Classification _____

(Employment is subject to verification that you are of minimum legal age).

Have you ever been convicted of a felony? Yes No If yes, please explain.

Conviction of a felony will not be an automatic or absolute bar from employment at CGH. Any conviction will be considered in relation to specific job requirements.

2. YOUR CAREER PREFERENCES

POSITION DESIRED:

- _____
- _____
- _____

Nursing Personnel Only	CLINICAL AREA PREFERRED:
1. _____	
2. _____	
3. _____	

Required Earnings: \$ _____

Can you work weekends? Yes No Occasionally

By whom were you referred?

Newspaper ad Employee Other

PREFERENCE:

Full Time Part Time Temporary

Summer Per Diem (Pool) Flexi

Shift Preference, if any:

- _____
- _____
- _____

If part time, what hours or days of the week would you be able to work?

If hired, on what date will you be able to start work? _____

If now employed, why do you wish to change your position? _____

3. YOUR CGH TIES

Have you ever been employed by one of the following? Check all that apply: CGH Surgery Center of Chesapeake ComfortCare Home Health Service Family Medicine at Deep Creek Cedar Manor W. Branch Medical Office Family Medicine of Moyock Wright Family Medicine of Lower Currituck Ches. Health Medical Office (Kitty Hawk) Outer Banks Hospital Battlefield Blvd. Medical Building Georgian Manor Knell's Ridge Medical Office

Name you used while employed: _____

WHEN: From (mo./day/yr.) _____ to (mo./day/yr.) _____

POSITION HELD: _____

REASON FOR LEAVING: _____

Do you have any relatives working at CGH? Yes No If yes, give name and relationship:

4. MILITARY SERVICE RECORD

Have you ever served in the military service of the U.S.? Yes No

Branch Name _____ Rank at discharge _____

DATE OF DUTY: From (mo./day/yr.) _____ to (mo./day/yr.) _____

What were your duties in the service (*include special training and duty stations*)? If you need more space, attach sheet.

5. EDUCATION

Circle highest grade/year completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 Business or other: 1 2 3 4

	Name & Address of School	Major/Minor	Degree Received	GPA
High School				
College				
Graduate School				
Bus. or Trade School				
Other				

EXTRACURRICULAR ACTIVITIES IN SCHOOL OR COLLEGE AND OFFICE HELD (*you may include, but are not required to list those which may be indicative of race, color, creed or national origin*):

Professional association member: _____ Professional/Technical License No.: _____

STATE LICENSED IN: _____ License expiration date: (Month) _____ (Year) _____

CLERICAL SKILLS: Typing: WPM _____ Shorthand: WPM _____

ALTHOUGH A RESUME MAY BE ATTACHED, THIS SECTION MUST BE FILLED OUT.

6. EMPLOYMENT HISTORY

(List your last three jobs beginning with the current/most recent job first.)

(1) Company name: _____ Name used while employed: _____
Address _____ City _____ State _____ Zip _____
Your job duties: _____
Supervisor's name: _____
Your position: _____ Speciality Area: _____
PT Flexi/PRN FT
Telephone: () _____ Dates from (mo./yr.) _____ To (mo./yr.) _____
Wage or salary: _____ Reason for leaving: _____
May we contact your current employer? Yes No If yes, phone number: _____

(2) Company name: _____ Name used while employed: _____
Address _____ City _____ State _____ Zip _____
Your job duties: _____
Supervisor's name: _____
Your position: _____ Speciality Area: _____
PT Flexi/PRN FT
Telephone: () _____ Dates from (mo./yr.) _____ To (mo./yr.) _____
Wage or salary: _____ Reason for leaving: _____
May we contact your current employer? Yes No If yes, phone number: _____

(3) Company name: _____ Name used while employed: _____
Address _____ City _____ State _____ Zip _____
Your job duties: _____
Supervisor's name: _____
Your position: _____ Speciality Area: _____
PT Flexi/PRN FT
Telephone: () _____ Dates from (mo./yr.) _____ To (mo./yr.) _____
Wage or salary: _____ Reason for leaving: _____
May we contact your current employer? Yes No If yes, phone number: _____

7. LIST ADDITIONAL PREVIOUS EMPLOYERS

Indicating Name of Employer, Position, Length of Service and Reason for Leaving

	Employer/Telephone No.	Position	Dates of Service	Reason for Leaving
(4)				
(5)				
(6)				
(7)				
(8)				

**YOUR APPLICATION WILL BE GIVEN CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT YOU WILL BE INTERVIEWED OR EMPLOYED.*

IF YOU ARE SELECTED FOR AN INTERVIEW, YOU WILL BE CONTACTED BY PHONE OR BY MAIL.

This application is considered current for 6 months only. At the end of this period, if you are still interested in being considered for employment, it will be necessary for you to reapply by completing a new application.

CGH, as an equal opportunity employer, provides all qualified applicants an opportunity to enter in employment without regard to race, color, sex, religion, age, national origin, marital status, disability, or veteran status. If you have a disability that is protected under the Americans with Disability Act, you may request reasonable accommodation to complete the employment application process, perform essential job functions, and have the same benefits and privileges of able-bodied employees. For the safety of our patients, employees, and the community, we utilize:

- *Pre-employment drug screens*
- *Criminal background investigations*

Chesapeake General Hospital is a smoke-free work place.

I authorize and fully 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 CGH permission to make a thorough investigation of my past employment, criminal history and all other facts stated above. I understand that any employment offer will be rescinded if information received from my criminal record check indicates that I have been convicted of a felony I failed to list which has been removed from my record, or if the result of my drug screen is positive. I understand that I will not be eligible to reapply for employment at CGH for one year from the date of my employment offer being rescinded.

I understand that I am applying for an employment-at-will position, and any offer of employment will not be considered a contract. I may terminate from CGH for any reason, and CGH may terminate me at any time without statement of reason. No contrary implied contract has been made to me.

I realize that this application will be given consideration, but its receipt does not imply that I will be employed, or interviewed.

I certify that the answers given by me to the foregoing questions and statements are true and correct and I fully understand that falsification of this application, including the omission of any pertinent required information will be sufficient cause for cancellation of the application and/or separation from the hospital if I am already employed.

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND AGREE TO ABIDE BY IT.

Signature of Applicant _____ Date _____

Please stop writing here: Thank you for applying with Chesapeake General Hospital

DEPARTMENT SUPERVISOR/HUMAN RESOURCES

COMMENTS _____
