

APPLICATION FOR EMPLOYMENT

Access Ohio (AO), Access Health Network (AHN), and Access Hospital Dayton (AHD) are all EEO/Affirmative Action Employers committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, gender identity or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Applying for Job Title:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:			
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently employed at AO, AHN, or AHD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
Have you ever been employed by AO, AHN, or AHD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current AO, AHN, or AHD employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, state of issuance, license #, and expiration date:	
How did you learn about this employment opportunity at AO, AHN, or AHD? Check all that apply:			
<input type="checkbox"/> Internal Job Posting <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other: _____			
While Access Ohio will make every attempt to provide employees with work in their preferred locations, on rare occasions employees may be temporarily reassigned to other locations to meet organizational needs.			
Access Ohio locations where you prefer to work? Check all that apply:			
<input type="checkbox"/> Columbus <input type="checkbox"/> Delaware <input type="checkbox"/> Powell <input type="checkbox"/> Dayton <input type="checkbox"/> Mt. Gilead <input type="checkbox"/> Other: _____			

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EDUCATION

Please list the details of your education below.

School Type	School Name	City/State	Did You Graduate?	Degree Received	Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
GED			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.					

SKILLS

Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).

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WORK EXPERIENCE

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: AO, AHN, and AHD reserve the right to contact all current and former employers for reference information.

Employed From:	To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:		
Final Salary:			
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references:	
		<input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

Employed From:	To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:		
Final Salary:			
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references:	
		<input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

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WORK EXPERIENCE (CONTINUED)

Employed From:	To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:		
Final Salary:			
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references:	
		<input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

Employed From:	To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:		
Final Salary:			
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references:	
		<input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

Employed From:	To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:		
Final Salary:			
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references:	
		<input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

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PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

- I certify that the information on this application and its supporting documents is accurate and complete.
- I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.
- I authorize AO, AHN, and AHD to investigate, without liability, all statements contained in this application and supporting materials.
- I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.
- If requested, I agree to submit to a criminal and credit background investigation, and/or screening for illegal substances.
- If requested, I agree to submit proof of physical exam after a conditional offer of employment has been extended.
- I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.
- I understand that staff employees of AO, AHN, and AHD serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.
- If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company regulations.
- I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

Signature

Date