

Application for Employment

Allegheny Health Services
324 E. Antietam Street • Hagerstown, MD 21740
301-739-7790 • fax 301-739-4093

Allegheny Health Services is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

How Did You Hear About Us? _____ Today's Date _____
Newspaper/Name of paper: _____
Job Fair/Which one: _____
Employee Referral/Name of employee: _____
Other/Explain: _____

Personal Information

Name: _____
(Print) last first middle initial

Address: _____

Phone: Home () _____ Cell () _____ Social Security # _____

Position you are applying for: _____

Type of Employment Desired: Full Time _____ Part Time _____ Salary Range: _____

Location(s): Hagerstown, MD _____ Frederick, MD _____ Travel between both _____
Are you eligible to work in the United States? Yes: _____ No: _____

When are you available to begin work? ____/____/____ (Month/Date/Year)

Days Available

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Total Hours Available: _____ Hours Available: From _____ to _____

Do you have any objections to working overtime, if necessary? Yes _____ No _____
Have you ever been previously employed by our organization? Yes _____ No _____
Can you submit proof of legal employment authorization and identity? Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years?
Yes ___ No ___ if yes, please explain: _____

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five years? * Yes _____ No _____
If yes, please explain: _____

* Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness and other relevant factors.

Education

High School: _____ City: _____ State: _____
College: _____ City: _____ State: _____
Course of study: _____ did you graduate? Yes _____ No _____
Degree: _____

Employment History

Please give accurate and complete employment record. Start with present or most recent employer. Include military experience if applicable.

Company Name: _____ City: _____ State: _____
Phone Number: () _____ Name of Supervisor: _____
Job Title: _____ Dates Employed (month/year): _____ to _____
Salary: _____ Summarize your work: _____

Reason for leaving? _____
May we contact this employer? Yes _____ No _____ If no, why not? _____

Company Name: _____ City: _____ State: _____
Phone Number: () _____ Name of Supervisor: _____
Job Title: _____ Dates Employed (month/year): _____ to _____
Salary: _____ Summarize your work: _____

Reason for leaving? _____
May we contact this employer? Yes _____ No _____ If no, why not? _____

Company Name: _____ City: _____ State: _____
Phone Number: () _____ Name of Supervisor: _____
Job Title: _____ Dates Employed (month/year): _____ to _____
Salary: _____ Summarize your work: _____

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Company Name: _____ City: _____ State: _____
Phone Number: () _____ Name of Supervisor: _____
Job Title: _____ Dates Employed (month/year): _____ to _____
Salary: _____ Summarize your work: _____

Reason for leaving? _____
May we contact this employer? Yes _____ No _____ If no, why not? _____

References

Provide three reference names, telephone numbers and years known. Do not include relatives.

1. _____
2. _____
3. _____

Conditions of Employment

Allegheny Health Services sets high standards for its employees, and compliance with these standards is a condition of employment. If you are offered a position with AHS, you need to carefully consider what we would require of you before you accept. As an employee, you must do everything you can to make our external and internal customers feel like customers, including:

- Following our standards of professionalism
- Smiling and making eye contact
- Arriving on time
- Maintaining a positive, enthusiastic attitude
- Treating coworkers with respect
- Being honest and dedicated in your work
- Using proper phone etiquette
- Completing necessary training requirements
- Expediting customers' transactions/requests quickly and professionally
- Following company policies and procedures
- Meeting standards of work quality and quantity
- Following directions
- Maintaining a professional appearance and complying with the company dress code

Are you willing and able to comply with all the requirements listed? Yes _____ No _____

If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain: _____

Certification, Acknowledgement and Consent

1. I hereby certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I further certify that I have not withheld any facts of information that, if disclosed, could affect my application unfavorably. I understand that false, misleading, or incomplete information in this application and/or in my interview(s) will void this application or subject me to discharge at any time, if I am employed. *Initials* _____

2. I expressly acknowledge and understand that in the absence of a written contract to the contrary, my status, if I am hired, will be that of an employee at will having no contractual right, expressed or implied, to remain in Allegheny Health Service's employ. In this connection, I expressly acknowledge further that neither anything said to me during AHS'S application and/or interview process or during employment nor any provision in AHS'S policies or employee manual constitutes the terms of an expressed or implied employment agreement. In consideration of any employment offered, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, and the option of either AHS'S or myself. I understand that no unauthorized representative may enter into any agreement contrary to the foregoing. *Initials* _____

3. I expressly authorize Allegheny Health Services to contact my prior employer(s) and current employer, references I have named in this employment application, and such other persons or entities as they may deem to have relevant information, including a criminal background check, for the purpose of investigating my background, and I expressly agree that information from each of these sources may be used by Allegheny Health Services in considering this application. In this regard, I expressly agree to sign whatever forms AHS reasonably requires, including appropriate authorization forms, so that it may contact these sources and obtain relevant information about me. *Initials* _____

4. **NOTICE TO APPLICANT:** Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

5. By my initials, I confirm that I have read and understand each of the certifications, acknowledgements, and consents set forth above.

APPLICANT'S SIGNATURE: _____ **DATE:** _____