

**Mini Application for Employment Opportunities at
Hyde Park Health Center, 4001 Rosslyn Drive, Cincinnati, OH 45209
513-272-0600**

Last Name			First Name			Middle			Previous legal names:																
Address (No. Street)				City				Zip				May we call you at work?													
Telephone Number () _____						Work Phone Number () _____						E-Mail Address													
Alternate number where you may be contacted () _____						Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, can you provide us with a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No						Social Security Number: _____													
Position Applying for: _____																									
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Summer						Other Position/Fields you would consider: _____ <input type="checkbox"/> PRN (As Needed) _____						Expected Salary: _____													
Date Available: _____						AVAILABILITY																			
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday													
From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To								
Have you ever been counseled or disciplined for:																									
Attendance		<input type="checkbox"/> Yes <input type="checkbox"/> No		Attitude		<input type="checkbox"/> Yes <input type="checkbox"/> No		Relations w/ Co-workers		<input type="checkbox"/> Yes <input type="checkbox"/> No		Customer Service Skills		<input type="checkbox"/> Yes <input type="checkbox"/> No		Tardiness		<input type="checkbox"/> Yes <input type="checkbox"/> No		Relations w/ Supervisor		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Behavior		<input type="checkbox"/> Yes <input type="checkbox"/> No		Performance		<input type="checkbox"/> Yes <input type="checkbox"/> No																			
As a healthcare organization we do a full background check. Convictions do not necessarily prevent employment. However, failure to disclose information regarding convictions will be considered falsification of information and is grounds for refusal to hire or dismissal if already hired. In addition, expunged criminal records are also accessible to us. (Failure to answer this question will cause your application to not be considered.)																									
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below. This includes pleading "No Contest" expungements and any traffic convictions involving alcohol or drugs, whether or not time was served. It makes no difference if time was served or not. (Please specify crime, date, place and give details):																									
List certificates or licenses held or received, special accomplishments, publications, and awards. (Exclude credentials which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____																									
Ohio RN/LPN License Number _____						Expiration Date: _____						CPR Classification _____						Expiration Date: _____							
Ohio STNA Certificate Number _____						Expiration Date: _____																			

Current or Last employer – INCLUDING ADDRESS _____

 Telephone Number () _____
 Responsibilities: _____

Dates Employed From / / To / /
 Immediate Supervisor's Name: _____
 Immediate Supervisor's Title: _____
 Immediate Supervisor's Phone No. _____
 You job title(s): _____

Full-Time Part-Time Temporary/Seasonal Assignment Education Co-Op PRN (As Needed)

Wages & Other Compensation – Starting Rate _____ Ending Rate _____
 Reason for leaving/wanting to leave _____
 May we contact your current employer for reference? Yes No After accepting Job Offer NA Not currently employed

Current or Last employer – INCLUDING ADDRESS _____

 Telephone Number () _____
 Responsibilities: _____

Dates Employed From / / To / /
 Immediate Supervisor's Name: _____
 Immediate Supervisor's Title: _____
 Immediate Supervisor's Phone No. _____
 You job title(s): _____

Full-Time Part-Time Temporary/Seasonal Assignment Education Co-Op PRN (As Needed)

Wages & Other Compensation – Starting Rate _____ Ending Rate _____
 Reason for leaving/wanting to leave _____
 May we contact your current employer for reference? Yes No After accepting Job Offer NA Not currently employed

- I certify that the information contained in this application is true and complete; any falsification, misrepresentation, or omission on the application is grounds for refusal to hire or for dismissal if already hired.
- I authorize my previous employers, educational institutions, and other references to release any information to HYDE PARK HEALTH CENTER that may assist in making an employment decision. I authorize HYDE PARK HEALTH CENTER to request and receive such information. I understand that any such reference information will not be disclosed to me.
- I specifically authorize HYDE PARK HEALTH CENTER to contact any law enforcement agency and authorize such law enforcement agency to furnish any information about me that may be sought by HYDE PARK HEALTH CENTER, unless expressly prohibited by federal or state law.
- I hereby release from liability HYDE PARK HEALTH CENTER and its representatives for seeking information in connection with my application for employment and all other persons, corporations or organizations for furnishing such information. I hereby release HYDE PARK HEALTH CENTER and any person, organization or prior employer from any obligation to provide me with written notification of such disclosure, except as required by law.
- All offers of employment are contingent upon satisfactory results of police check, fingerprinting, and drug and/or alcohol test results, references, medical questionnaire and passing a physical exam.
- All employment, which may be offered, is entered into voluntarily with mutual rights for termination and is not guaranteed for any term.
- A photostatic copy of this authorization and release may be accepted in lieu of the original.
- If I am not contacted within 3 months, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job at HYDE PARK HEALTH CENTER.

Thank you for taking the time to complete this application.

SIGNATURE: _____ DATE: _____

Please note this is a mini application. If you are selected for an interview you will need to complete a regular employment application. Thank you.