



**EMPLOYMENT APPLICATION**  
Please Print. Read Carefully. Complete all sections.

POSITION APPLYING FOR: \_\_\_\_\_  Mercy Hospital of Defiance  
 Defiance Clinic

ALTERNATE POSITION OF CHOICE: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number \_\_\_\_\_ Social Security#: \_\_\_\_\_ Date of Birth: (if under 18): \_\_\_\_\_  
 ( ) ( ) -- --

In emergency notify: Name: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

How were you referred to this organization?  Walk In  Web Site  Advertisement \_\_\_\_\_  
 Employee  Other \_\_\_\_\_

Employment status preference:  Full Time  Part Time  Supplemental  Contingent  Temporary  
 Per Diem

Shift Preference:  First  Second  Third  Variable  Weekends

When would you be available to begin employment? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

School	Name and address of School	Circle Last Year Completed	Did You Graduate?	List, Diploma, Degree, or Certificate
High School/GED		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University (Undergraduate)		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University (Graduate)		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROFESSIONAL REGISTRATION/LICENSURE/CERTIFICATION**

License Name	Number	State(s)	Current?	Expiration Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever had any professional license or certification suspended, revoked, or put on probation?  
 No  Yes, please explain: \_\_\_\_\_

Is your license or certification currently under investigation?  
 No  Yes, please explain: \_\_\_\_\_

Have you ever been denied a license or certification?  
 No  Yes, please explain: \_\_\_\_\_

**EMPLOYMENT (PLEASE PRINT) (Start with your present or last job) "See resume" is not acceptable.**

<b>Employer:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>From</b> _____ / _____ <b>To</b> _____ / _____ <b>Hourly Rate of Pay:</b> \$ _____ <b>Reason for Leaving:</b> _____ <b>May We Contact This Employer at This Time?:</b> ____ Yes ____ No	<b>Position:</b> _____ <b>Duties:</b> _____ _____ _____ _____ <b>Supervisor:</b> _____ <b>Supervisor's Phone # :</b> (____) _____ - _____
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<b>Employer:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>From</b> _____ / _____ <b>To</b> _____ / _____ <b>Hourly Rate of Pay:</b> \$ _____ <b>Reason for Leaving:</b> _____ <b>May We Contact This Employer at This Time?:</b> ____ Yes ____ No	<b>Position:</b> _____ <b>Duties:</b> _____ _____ _____ _____ <b>Supervisor:</b> _____ <b>Supervisor's Phone # :</b> (____) _____ - _____
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<b>Employer:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>From</b> _____ / _____ <b>To</b> _____ / _____ <b>Hourly Rate of Pay:</b> \$ _____ <b>Reason for Leaving:</b> _____ <b>May We Contact This Employer at This Time?:</b> ____ Yes ____ No	<b>Position:</b> _____ <b>Duties:</b> _____ _____ _____ _____ <b>Supervisor:</b> _____ <b>Supervisor's Phone # :</b> (____) _____ - _____
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**OTHER KNOWLEDGE, SKILLS, AND ABILITIES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been employed by Defiance Clinic, Mercy Health Partners or Catholic Health Partners? \_\_\_\_ Yes \_\_\_\_ No If yes, indicate the location worked: \_\_\_\_\_ Mercy Hospital of Defiance \_\_\_\_\_ Defiance Clinic \_\_\_\_\_ St. Vincent Mercy Medical Center \_\_\_\_\_ St. Charles Mercy Hospital \_\_\_\_\_ Tiffin Mercy Hospital \_\_\_\_\_ Riverside Mercy Hospital/St. Anne Mercy \_\_\_\_\_ Willard Mercy Hospital \_\_\_\_\_ Other \_\_\_\_\_

Last Year employed? \_\_\_\_\_ Under name of: \_\_\_\_\_

Do you have any relatives employed by the Mercy Health Partners Metro Division or Defiance Clinic: \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please give Name, Department and Relationship.  
 Name: \_\_\_\_\_ Dept. \_\_\_\_\_ Relationship \_\_\_\_\_

Were you in the U.S. Armed Forces: \_\_\_\_ Yes \_\_\_\_ No If yes, What branch: \_\_\_\_\_

Special Training: \_\_\_\_\_

Are you now a member of the National Guard or Reserve Unit? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a felony? "A yes answer does not automatically disqualify you." \_\_\_\_ Yes \_\_\_\_ No  
 If yes, state nature of conviction & dates: \_\_\_\_\_

Have you ever been excluded or suspended from taking part in any federal or state-funded health care program, including but not limited to Medicare or Medicaid? \_\_\_\_ Yes \_\_\_\_ No If yes, Explain: \_\_\_\_\_

Are you, or is an employer of yours within the past year, currently under investigation for healthcare fraud, abuse or misconduct from participation in any Federal or State healthcare program, including Medicare and/or Medicaid?

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Are you currently on "layoff" status and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been discharged by an employer or resigned in lieu of discharge? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

#### PROFESSIONAL REFERENCES

Name	Title/Relationship	Company	Telephone

#### AUTHORIZATION AND UNDERSTANDING

I certify all statements made by me on this application are true and complete to the best of my knowledge and without consequential omissions of any kind. I also certify that I have not knowingly withheld any information that would affect this application unfavorably. I understand and agree that any false statement or omissions as discussed above with respect to the information required on this application is grounds for refusal to hire me or for withdrawal of any offer of employment made to me or for the termination of my employment by Mercy Hospital of Defiance or Defiance Clinic.

I authorize Mercy Hospital of Defiance or Defiance Clinic to investigate all matters covered by this application as well as all statements made by me on this application. I also authorize my previous employers, schools, or other persons named as references or former supervisors to disclose information they may have regarding my suitability for employment and the matters addressed in my application and release them from any liability arising out of their disclosure of information. I further release Mercy Hospital of Defiance or Defiance Clinic and its employees and agents from all liability for damages whatsoever if an employment offer is not tendered to me, or is withdrawn, or if my employment is terminated because of the results of the investigation of this application.

I understand that if I am offered employment with Mercy Hospital of Defiance or Defiance Clinic, I may terminate my employment at any time with or without cause, and Mercy Hospital of Defiance or Defiance Clinic may terminate or modify the relationship at any time with or without cause.

In consideration of my employment, I agree to conform to policies and procedures of Mercy Hospital of Defiance or Defiance Clinic, and I understand that no representative of Mercy Hospital of Defiance or Defiance Clinic has the authority to enter into an agreement that changes or is contrary to the above.

I understand that if I am offered employment by Mercy Hospital of Defiance or Defiance Clinic, the offer is contingent upon my passing a physical examination, which includes drug screening. This is to determine if I can perform safely and satisfactorily, with reasonable accommodation to any handicap, the essential elements of the position for which I am applying. I consent to take future examinations that may be required by Mercy Hospital of Defiance or Defiance Clinic. I understand that I may be required to be tested for drug or alcohol use according to applicable policies.

I understand that if I am offered employment by Mercy Hospital of Defiance or Defiance Clinic, the offer is contingent on my passing a background check.

I understand that if I am employed, the needs of Mercy Hospital of Defiance or Defiance Clinic may make the following conditions mandatory: overtime, shift change, a rotating work schedule, or a work schedule other than Monday through Friday.

I hereby certify that I am genuinely interested in employment with Mercy Hospital of Defiance or Defiance Clinic, and acknowledge that I have read and understood the above statements and had the opportunity to ask questions.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

An Equal Opportunity Employer

