



**EDUCATIONAL BACKGROUND**

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12    College hours completed

Type of School	Name & Location	Graduate		Degree	Field of Study	Grade Point Average
		Yes	No			
High School						
Business or Trade						
College or University						
Post Graduate						

Please list all pertinent certificates, awards or courses \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently enrolled in any educational pursuits? \_\_\_\_\_  
 What and where? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have plans to continue your studies, if so list them \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List significant activities, honors, awards or elective offices which have contributed to your goals and interests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY SERVICE:** Are you a veteran of the U.S. Military Service?    Yes                  No

Branch of Service:	Highest Rank or Rate:
Indicate any military experience or training you feel might apply or be of value to SWVHS.	

**EMPLOYMENT EXPERIENCE:**

---

**Most Recent Position:**

Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_  
Employment dates: \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
Describe your Position \_\_\_\_\_  
Rate of Earnings: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

---

**Next Previous Employer:**

Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_  
Employment dates: \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
Describe your Position \_\_\_\_\_  
Rate of Earnings: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

---

**Next Previous Employer:**

Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_  
Employment dates: \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
Describe your Position \_\_\_\_\_  
Rate of Earnings: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

---

**Next Previous Employer:**

Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_  
Employment dates: \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
Describe your Position \_\_\_\_\_  
Rate of Earnings: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

---

How much time have you lost from work in the past two years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES:**

Provide information regarding three references that are not related to you and are willing to discuss your work history, experience and ethics.

Name: Telephone/Cell Number Relationship Where did you work together

---

---

---

---

I hereby certify that the following information is accurate, and I authorize Southern West Virginia Health System (SWVHS) to verify my information. I specifically authorize SWVHS to obtain information from my former employers and other references, and I authorize my former employers and other references to release information to SWVHS. I authorize SWVHS to perform an extensive background check, which can include criminal, drivers' license, educational and licensing agencies.

I agree that any false or misleading statement in this application for employment or any additional forms signed by me in connection with my employment shall be sufficient cause for refusal or termination of employment.

I understand that this application is not and is not intended to be a contract of employment. I agree to submit to a physical examination applicable to the requirements of the type of work for which I am applying, including drug and alcohol screening.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated. I also understand that, if hired, my employment is based on an at will basis.

Print Name: \_\_\_\_\_ DATE \_\_\_\_\_

Signature: \_\_\_\_\_ DATE \_\_\_\_\_