



Loving Kindness Healthcare Systems
 155 N. Craig Street • Suite 160 • Pittsburgh, PA 15213 •
 412-578-9890 1-888-578-9890 www.lkhscorp.com

INTERVIEWER'S NAME:

(To be completed by Interviewer NOT Applicant)

APPLICATION FOR EMPLOYMENT

Date of Application _____

Position Applied For or
 Job Requisition Number(s) _____

For employment consideration, please fully complete all areas of this application.

Schedule Available to Work (Please check each box that apply)

- | | | | |
|--------------------------------------|---|-----------------------------------|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Casual/relief | <input type="checkbox"/> Days | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Temporary pool | <input type="checkbox"/> Evenings | <input type="checkbox"/> Rotate days/evenings |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Nights | <input type="checkbox"/> Rotate days/nights |

List days or hours you are UNABLE to Work _____

Loving Kindness Healthcare Systems is an equal opportunity employer and prohibits discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, martial status, familial status, sexual orientation, disability, or status as a covered veteran. Reasonable accommodations for the needs of otherwise qualified applicants with disabilities will be made upon request.

CURRENT INFORMATION (Please print)

Last Name		First Name	Middle	Social Security No.
Present address		City	State	Zip Code
Permanent address (if different)		City	State	Zip Code
Work telephone no. () -	Home telephone no. () -	Cell Phone no. () -		Age if under 18
Date available to start work	Minimum salary accepted	Email Address:		
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		How were you referred to us?		

Were you previously employed by Loving Kindness Healthcare Systems Yes No
 If yes, please list dates of employment and position(s)

List all relatives employed by Loving Kindness Healthcare Systems also list their work location(s).

List other name(s) that you may have used in school, employment or elsewhere.

Applicant's Name: _____

Date: _____

EDUCATION (List complete names and addresses of schools attended)

	Name of school and location	Did you graduate?	Degree/Certificate received	No .of Credits	Major	Minor
High School/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Vocational/ Technical		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				

List academic honors, awards, or other recognitions you have received.

List any other training skills (seminars, activities, etc.) that you feel we should consider in evaluating your application.

PROFESSIONAL REGISTRATIONS, LICENSES, OR ACCREDITATIONS

Type	Registration no.	State	Expiration Date

OFFICE SKILLS

Typing _____ Wpm	Shorthand _____ Wpm	Transcription <input type="checkbox"/> Medical <input type="checkbox"/> Other
Medical Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No	10-key adding machine <input type="checkbox"/> Yes <input type="checkbox"/> No	Dictaphone <input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Skills <input type="checkbox"/> Yes <input type="checkbox"/> No		
List software packages used and indicate skill level by writing either "working knowledge" or "proficient"		

Have you ever pleaded guilty, been convicted of, accepted ARD or a similar monitored program, or pleaded nolo contendere (no contest) to any violation other than a summary offense? Yes No

If yes, describe in full:

MILITARY SERVICE

Do you have any experience from military service that would be relevant to the job(s) for which you are applying?

YES or NO If yes please explain:

Applicant's Name: _____ Date: _____

EMPLOYMENT (List most recent first)

Please account for all periods of employment including employment at **Loving Kindness Healthcare Systems** . If there is not enough room, please use additional sheets.

A resume is welcome, but not as a substitute for completing this section.

MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes No

Company Name	Address	Telephone () -
Position(s) Held	Date Employed From: To:	Salary \$
Duties		
Reason for Leaving		Name of Supervisor
Company Name	Address	Telephone () -
Position(s) Held	Date Employed From: To:	Salary \$
Duties		
Reason for Leaving		Name of Supervisor
Company Name	Address	Telephone () -
Position(s) Held	Date Employed From: To:	Salary \$
Duties		
Reason for Leaving		Name of Supervisor
Company Name	Address	Telephone () -
Position(s) Held	Date Employed From: To:	Salary \$
Duties		
Reason for Leaving		Name of Supervisor

Applicant's Name: _____

Date: _____

UNEMPLOYMENT (Account for all periods of unemployment, if any)

From		To		State what you were doing
Mo.	Yr.	Mo.	Yr.	

REFERENCES

Please list two professional references

Name	Address	Telephone No.	Position	Affiliation (how known)

PLEASE READ AND SIGN

Please read the following statements carefully and initial each paragraph before signing this application.

I certify that I fully understand all requests for information contained in this application, and I certify that the information supplied by me, on this form and elsewhere in conjunction with obtaining employment, is complete and correct to the best of my knowledge and hereby grant the LKHS permission to verify such answers and investigate all references including a criminal history check with local, state and federal agencies as well as a background check for fraud and abuse with the Cumulative Sanction Report and National Practitioner Databank. I understand that any false or misleading statements, omission, or misrepresentation on this application will be considered sufficient cause for rejection of this application or for dismissal, if such information or omission is discovered subsequent to my employment.

Initials: _____

I authorize the employers, schools, or persons named above to give any information regarding my previous employment, character, general reputation, and other personal characteristics, together with any information regarding me, whether or not it is in their records. I understand that under the Federal Fair Credit Reporting Act, I have the right to make written request within a reasonable period of time for the complete and accurate disclosure by Loving Kindness of the nature and scope of any credit investigation requested. I hereby release LKHS, employers, schools, or persons from all liability for any damage resulting from issuing the information. I further certify that I have not entered into any agreement with any previous employer or other organization that would prevent or restrict my employment with LKHS at this time or in the future.

Initials: _____

I understand and agree that the acceptance of this application by LKHS does not constitute a promise that I will be hired. I further understand that LKHS does not guarantee employment for any specific length of time and, therefore, agree that if I am hired my employment may be terminated by either Loving Kindness or me at any time without cause or notice.

Initials: _____

In consideration of my employment, I agree to submit to pre-placement screening and periodic physical examinations and evaluations, including, but not limited to, invasive diagnostic testing, as LKHS, from time to time, deems reasonably necessary to determine my fitness to perform the work for which I was hired. I understand that, as a condition of employment, I may be required to submit to testing for the illegal use of drugs. If the testing reveals evidence of the illegal use of drugs, any offer(s) of employment extended to me will be unconditionally revoked regardless of whether I have or have not begun employment.

Initials: _____

I agree to abide by the rules and regulations of LKHS if I am employed by LKHS. I understand that all records pertaining to my employment are to remain the property of LKHS, and that hours of work and other working conditions are subject to change at the organization's discretion.

Initials: _____

This application is considered active for 90 days. After 90 days, applicants must reapply to be considered for available positions.

Signature _____

Date _____