



Wilmington Health Employment Application

Personal Data:

Name _____ Social Security No. _____

Address _____

Telephone (Home) _____ (Work) _____ Date available _____ Salary desired _____

Position Desired _____ Full-Time ___ Part-Time ___ Permanent ___ Temporary ___

Relative working at WHA? Yes ___ No ___ Name _____ Relationship _____

How were you referred to Wilmington Health? _____

Prior WHA employment? Yes ___ No ___ U.S. Citizen? Yes ___ No ___ Legal right to work in U.S.? Yes ___ No ___

Convicted of misdemeanor/felony? (Will not necessarily bar employment) Yes ___ No ___ Explain _____

Education:

School	Name and Address	Course of Study	Last Year Completed	Year Graduated	Diploma/Degree
High School			1 2 3 4		
College			1 2 3 4		
Other			1 2 3 4		

Professional Licenses/Certifications:

Type _____ State _____ Exp.Date _____ Regis.No. _____

Type _____ State _____ Exp.Date _____ Regis.No. _____

Type _____ State _____ Exp.Date _____ Regis.No. _____

Skills: _____

References:

May we check references from present employer? Yes ___ No ___ Previous Employers? Yes ___ No ___

Additional information relative to name change necessary to check work history? Yes ___ No ___

If yes, explain: _____

Previous Experience:

(List most recent employer first)

Position _____ Employer Name _____
Supervisor _____ Salary _____
Dates of Employment: From _____ To _____ Reason for Leaving _____
Address _____ Telephone _____
Duties: _____

Position _____ Employer Name _____
Supervisor _____ Salary _____
Dates of Employment: From _____ To _____ Reason for Leaving _____
Address _____ Telephone _____
Duties: _____

Position _____ Employer Name _____
Supervisor _____ Salary _____
Dates of Employment: From _____ To _____ Reason for Leaving _____
Address _____ Telephone _____
Duties: _____

Comments:

(Make any comments you feel are pertinent to your application)

I authorize you, at the time of my application for employment, or during the course of my employment, to obtain information from any source as to my education, experience, competence, character or medical history, as it relates to the position for which I applied or in which I may be employed, unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated. I also understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that in the event I am employed, such employment is at will. Neither I nor the employer have agreed on any specific period of employment, nor any specific pay or benefits, unless otherwise set forth in a separate contract.

I understand that WHA is a smoke-free workplace and that smoking by employees is prohibited on WHA property.

Date: _____ Signature: _____

Consumer Authorization

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, credit agency, financial institution, law enforcement agency, city, state, county and federal court and agency, military service or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application, which I sign.

I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Date: _____

Print Applicant's Name: _____

Signature: _____

For Identification Purposes Only

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Current Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Previous Address: _____

City, State, Zip Code: _____

Reverse side is "A Summary of Your Rights Under the Fair Credit Reporting Act".

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a disputed statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.