

Voluntary Self Identification Form (Applicant)

Full Name: _____ **Date:** _____

Signature: _____

Voluntary Self-Identification of EEO Status

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms with your application of employment.

GENDER: Male Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

L|E|C|O|M HEALTH

MILLCREEK COMMUNITY HOSPITAL

ACT 34 – PATCH

I understand that Pennsylvania Law requires Millcreek Community Hospital to conduct a criminal history background check on all employees.

Employees who have resided in Pennsylvania for two consecutive years prior to their employment here will undergo a criminal background check conducted by the Pennsylvania State Police. Employees who have not resided in Pennsylvania for two consecutive years will undergo a National background check conducted by Employee Background Investigative Services (EBI).

_____ I have been a resident of Pennsylvania for 2 or more consecutive years.

_____ I have not been a resident of Pennsylvania for 2 or more consecutive years.

I understand that if this investigation reveals certain criminal records, my employment will be terminated.

Employee Name

First Name **Middle Initial** **Last Name**

Date of Birth

Social Security #

Signature

Date

Medicare Exclusion Status

PRINTED NAME: _____

Signature

Date: _____

Please complete and sign:

I am not now, nor have I ever been, excluded from participation in Medicare or any other federal or state government program.

I am currently or have been excluded from participation in Medicare or any other federal or state government program.

If you have been excluded from Medicare or any other federal or state government program explain the facts and circumstances surrounding your exclusion below and on the back of this sheet as much space will be provided as necessary.

APPLICANT REFERENCE FORM

CERTIFICATION AND WAIVER

I certify that all information I will provide is true, complete, and correct. Any information provided found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately terminate me from the employer's service, whenever it is discovered.

I authorize and request that my former/current employer, listed on this form, complete the form where indicated and release any additional information about my job performance that they may have upon receiving a further inquiry. My signature indicates my approval for this process and for the release of any such information requested during the reference. **I waive all claims, any right of action, cause of action, or other means of redress related to both the completion of this form by my former/current employer and any further disclosure of information about me and I release all prior employers from whom such information is obtained from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.**

I understand that the prospective employer does not unlawfully discriminate in employment and that no question will be used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law. Finally, to the extent I have signed with my prior employer any document by which the prior employer promised not to disclose information requested on this form, I waive all rights to enforce such a promise and release my prior employer from any such non-disclosure obligation. I certify that I have read, fully understand, and accept all terms of this statement.

APPLICANT NAME: _____

APPLICANT SIGNATURE _____ This signature applies to the whole document.

DATE _____