



Charles Cole Memorial Hospital Job-Shadowing Application Form

(please print) Date: _____

Name: _____ Birthdate: _____ SS# _____

Street: _____ City: _____ State: _____ ZipCode: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Education & Work Experience

Current College: _____ Major: _____

Highest Year Completed: Freshman, Sophomore, Junior, Senior, M.S., PhD.

Other: _____ Current G.P.A.: _____

Participation in Clubs/Organizations/Community Activities: _____

Hobbies: _____

List physical limitations/chronic illnesses: _____

Emergency Contact: _____ Phone Number: _____

Areas of Interest	Availability	M	T	W	T	F
	Morning/Afternoon/Full Days					
	Morning/Afternoon/Full Days					
	Morning/Afternoon/Full Days					
	Morning/Afternoon/Full Days					
	Morning/Afternoon/Full Days					

REFERENCES

Please provide names of two people (not related to you):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

How did you hear about our Shadowing program? _____

Signature: _____ Date: _____



Please read and sign:

If accepted into the Charles Cole Memorial Hospital Job-Shadowing program, I agree to:

Hold **absolutely confidential** all information that I may obtain directly or indirectly concerning patients and staff.

Honor my commitment to a specific job assignment.

Be professional, conscientious, and conduct myself with dignity, courtesy and consideration of others.

Maintain a well-groomed appearance and abide by the dress code policy.

Perform all assignments in a professional manner, and seek the assistance of the Director when necessary.

Discuss any problems, criticism or suggestions with the Director.

Become familiar with and adhere to the Hospital's policies and procedures.

Adhere to the shadowing sign-in procedure for recording hours.

Notify the Director if unable to shadow as scheduled.

I understand that the Staff Development Department reserves the right to terminate my job-shadowing status as a result of (a) failure to comply with Hospital policies; (b) unsatisfactory attitude, work or appearance; (c) any other circumstances which, in the judgment of the Director, would make continued services as a job-shadows contrary to the best interests of Charles Cole Memorial Hospital and its patients.

Criminal Background: Have you ever been convicted, pleaded guilty, or *nolo contendere* (no contest) to a felony or misdemeanor other than a summary offence or do you currently have any such charges pending against you? _____Yes _____No

If yes, please give the particulars including the type and date of the offence:

Note: A conviction will not necessarily disqualify an applicant from employment; however, there are specific criminal convictions that prohibit employment under the Pennsylvania Older Adults Protective Services - 169 Act and others that may relate to your suitability for employment in the position for which you have applied.

I have read each of the above conditions and the Guiding Principles agree to honor them.

Signature: _____ Date: _____