

E Ellenville Regional Hospital

ELLENVILLE REGIONAL HOSPITAL

APPLICATION FOR EMPLOYMENT

ELLENVILLE REGIONAL HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER
It is the policy of Ellenville Regional Hospital to provide for and promote the equal opportunity of employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, disability, or marital status. No question on this application is intended to secure information to be used for such discrimination.

PERSONAL DATA

Name (Last)	(First)	(Middle)	Date of Application	
Address (Number and Street)		(City, State)	(Zip Code)	Phone
Type of Employment Desired:		Date Available	Soc. Sec. No. (Used for purposes of employment verification)	
<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night	Position Desired	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Weekends		
<input type="checkbox"/> Regular	<input type="checkbox"/> Temporary			
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, verification will be required upon employment.)				
Foreign Languages:			<input type="checkbox"/> Read	<input type="checkbox"/> Speak <input type="checkbox"/> Write
Are you over the age of eighteen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, hire is subject to verification that you are of minimum legal age.)				
Maiden name/other name used in the last 10 years: Have you ever worked for the hospital under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No List the names of your relatives already employed by the hospital: List counties lived in for the past 7 years:				
How were you referred to us? <i>Please check the appropriate box and use the blank area to provide specific information.</i>				
<input type="checkbox"/> Newspaper: _____		<input type="checkbox"/> Internal Job Posting: _____		
<input type="checkbox"/> School: _____		<input type="checkbox"/> Telephone Inquiry: _____		
<input type="checkbox"/> Agency: _____		<input type="checkbox"/> Government Agency: _____		
<input type="checkbox"/> Employee Referral: _____		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Job Fair: _____				
Check Appropriate Box:			YES	NO
A) Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?			<input type="checkbox"/>	<input type="checkbox"/>
B) Did you ever resign from any employment rather than face dismissal?			<input type="checkbox"/>	<input type="checkbox"/>
C) Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued for other than honorable circumstances?			<input type="checkbox"/>	<input type="checkbox"/>
D) Have you ever been convicted of a misdemeanor or felony?			<input type="checkbox"/>	<input type="checkbox"/>
E) Have you ever been found guilty of abusing, neglecting or mistreating a patient?			<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to any of the questions A-E above, you must give specifics. (Attach additional 8 1/2 by 11 sheets). If such explanation is insufficient, a confidential investigation supplement will be sent to you. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

EDUCATION AND TRAINING

HIGH SCHOOL LAST ATTENDED	NAME OF SCHOOL CITY & STATE	GRADUATED		ATTENDING?	TYPE DEGREE OF DIPLOMA	MAJOR SUBJECT
		YES	NO			
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL CITY & STATE					
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL CITY & STATE					
OTHER (I.E. BUSINESS ETC.)	NAME OF SCHOOL CITY & STATE					

EMPLOYMENT HISTORY

NAME OF EMPLOYER(S) AND COMPLETE ADDRESS (BEGIN WITH PRESENT OR MOST RECENT EMPLOYER). EMPLOYMENT HISTORY MUST REFLECT ALL PREVIOUS EMPLOYMENT. IF THERE ARE NOT ENOUGH SPACES, PLEASE ATTACH ADDITIONAL SHEET(S). OMISSIONS MAY RESULT IN THE RESCINDING OF AN EMPLOYMENT OFFER.	DATES	SUPERVISOR'S NAME AND TITLE	YOUR JOB TITLE AND DUTIES	YOUR SALARY (STARTING & ENDING)	REASON FOR LEAVING
NAME _____ ADDRESS _____ PHONE (_____) _____ MAY WE CONTACT FOR REFERENCE? IF NO, PLEASE EXPLAIN. _____	FROM: TO:				
NAME _____ ADDRESS _____ PHONE (_____) _____ MAY WE CONTACT FOR REFERENCE? IF NO, PLEASE EXPLAIN. _____	FROM: TO:				
NAME _____ ADDRESS _____ PHONE (_____) _____ MAY WE CONTACT FOR REFERENCE? IF NO, PLEASE EXPLAIN. _____	FROM: TO:				

EXPLAIN ALL PERIODS OF UNEMPLOYMENT: _____

PROFESSIONAL LICENSE

TYPE: _____

DATE ISSUED: _____

STATE: _____

DATE EXPIRES: _____

REGISTRATION AND/OR LICENSE #: _____

VERIFICATION: _____

Yes No HAVE YOU EVER SURRENDERED YOUR LICENSE OR BEEN FOUND GUILTY OF PROFESSIONAL MISCONDUCT, UNPROFESSIONAL CONDUCT, INCOMPETENCE, OR NEGLIGENCE IN ANY STATE OR COUNTRY?

Yes No ARE CHARGES PENDING AGAINST YOU FOR PROFESSIONAL MISCONDUCT, UNPROFESSIONAL CONDUCT, INCOMPETENCE, OR NEGLIGENCE IN ANY STATE OR COUNTRY?

Yes No HAS ANY HOSPITAL OR LICENSED FACILITY RESTRICTED OR TERMINATED YOUR PROFESSIONAL TRAINING, EMPLOYMENT OR PRIVILEGES OR HAVE YOU EVER VOLUNTARILY OR INVOLUNTARILY RESIGNED OR WITHDRAWN FROM SUCH ASSOCIATION TO AVOID IMPOSITION OF SUCH MEASURES?

IF THE ANSWER TO ANY OF THE ABOVE IS "YES", PLEASE SUBMIT A LETTER PROVIDING A COMPLETE EXPLANATION, INCLUDING COPIES OF COURT RECORDS, AND IF YOU POSSESS ONE, A COPY OF THE "CERTIFICATE OF RELIEF FROM DISABILITIES" OR YOUR "CERTIFICATE OF GOOD CONDUCT".

Please list three references who are not relatives or former employers. Business or professional acquaintances, members of the clergy, family friends, teachers, etc. are preferred.

NAME OF REFERENCE _____
ADDRESS _____
PHONE (_____) _____
HOW MANY YEARS HAVE YOU KNOWN THIS REFERENCE? _____

NAME OF REFERENCE _____
ADDRESS _____
PHONE (_____) _____
HOW MANY YEARS HAVE YOU KNOWN THIS REFERENCE? _____

NAME OF REFERENCE _____
ADDRESS _____
PHONE (_____) _____
HOW MANY YEARS HAVE YOU KNOWN THIS REFERENCE? _____

The Ellenville Regional Hospital application is not a contract for employment.
I understand that any misrepresentation or falsification of information by me in connection with this application is cause for immediate dismissal without notice.
I hereby authorize Ellenville Regional Hospital to contact references, schools, and employers listed herein with regard to my statements and qualifications, and additionally agree to permit Ellenville Regional Hospital to release this information to obtain its validation.
I further understand my employment depends upon a satisfactory check of references and satisfactory completion of a physical examination as required by the hospital. If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of such identity and eligibility for employment.
I also understand that I may be required to undergo future job related physical examinations when justified by business necessity.
I agree to abide by all the hospital rules and regulations of employees' conduct or collective bargaining agreement.
I understand I am on probation, as defined by hospital policy, and a probationary employee may be separated at any time during the probationary period with or without cause.
I understand that when the need arises, I may be required to temporarily work shifts or assigned units other than the one for which I am applying and agree to such scheduling changes as directed by my department head or administrator of this institution.
Ellenville Regional Hospital is a drug free work place. In keeping with this policy and our commitment to maintain a safe alcohol and drug-free environment, you may be required to submit to urinalysis, breath, and/or blood tests.

Date: _____

Signature of Applicant: _____

Name of Ellenville Regional Hospital Employee Who Recommended You For Employment:

Date: _____