



Clifton Springs Hospital & Clinic

2 Coulter Road
Clifton Springs, NY
14432

Human Resources Department
Telephone: (315)462-0200
Fax: (315)462-3492

Employment Application

APPLICANT INFORMATION

| | | | | | |
|---|--|---|--|--|------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Date Available | | Social Security No. | | Desired Salary | |
| Position Applied for | | | | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem <input type="checkbox"/> Temporary <input type="checkbox"/> | |
| Shift desired | | Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> | | Are you able to work weekends? YES <input type="checkbox"/> NO <input type="checkbox"/> Holidays? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Are you under 18 years of age? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | If yes, are you able to obtain working papers? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Have you ever worked for this company? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | If yes, when? | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | If yes, explain | |
| Do you possess a clinical or professional license? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | If yes, what type? | |
| If yes, from what state (s)? | | Lic Number # (s) | | | |
| Please list any current certification that would be required for the position you are applying for: | | | | | |
| Please list any immediate family who presently work at Clifton Springs Hospital & Clinic: | | | | | |
| How did you learn about job opportunities at Clifton Springs Hospital? | | | | | |
| Family or Friends <input type="checkbox"/> Newspaper <input type="checkbox"/> Web-Site <input type="checkbox"/> Recruiting Event <input type="checkbox"/> Employee Referral <input type="checkbox"/> (Name) _____ | | | | | |

EDUCATION

| | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

REFERENCES (PLEASE LIST PROFESSIONAL REFERENCES)

| | | | | |
|-----------|--|-----------|--|--------------|
| Full Name | | Address | | Relationship |
| Company | | Phone () | | E-Mail |
| Full Name | | Address | | Relationship |
| Company | | Phone () | | E-Mail |
| Full Name | | Address | | Relationship |
| Company | | Phone () | | E-Mail |

| PREVIOUS EMPLOYMENT | | | |
|--|--------------------|------------------------------|-----------------------------|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

Clifton Springs Hospital & Clinic does not discriminate in employment or clinical privileges based upon RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, MARITAL STATUS, OR SEXUAL ORIENTATION.

| DISCLAIMER AND SIGNATURE | |
|---|------|
| I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Clifton Springs Hospital to verify their accuracy and to obtain reference information on my work performance. I hereby release Clifton Springs Hospital from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. Unsigned applications will not be considered. | |
| I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. | |
| Signature | Date |

Return to: Human Resources Department, Clifton Springs Hospital & Clinic
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