



# 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      NO 

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      NO 

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      NO **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  
 2 Coulter Road, Clifton Springs, New York 14432  
 Telephone: 315-462-0200 Fax: 315-462-3492