



200 Ohio Street, Medina, NY 14103 Phone: 585-798-2000 Fax: 585-798-8158

Application for Employment

Position Applying For: \_\_\_\_\_ Date of Application \_\_\_\_\_ Salary Desired \_\_\_\_\_

How Did You Learn About Us?

- Friend, Newspaper Ad, Internet, Walk-In, Relative, Pennysaver, Employment Agency, Other

Last Name First Name Middle Name

Address City State Zip Code

Telephone Number(s) Social Security Number / /

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed by Medina Memorial Hospital? Orchard Manor? If yes, give date: Position Held:

Are you currently employed? May we contact your present employer? Yes No

If your former employment references, education, or military service are under a name other than indicated on front of application, please indicate: Last: First: Middle Initial:

Are you authorized to work in the United States? Proof of authorization to work in the United States will be required upon employment.

On what date would you be available for work?

Are you available to work: Full Time Part Time Per Diem Shift Work

Have you ever had disciplinary action taken against any license, or are you currently the subject of a report or investigation? Yes No If Yes please explain

Have you ever been convicted of a criminal act? If yes, please explain and include type of crime(s), date(s), and location of offense:

\* An applicant may not be denied employment because of a conviction record unless there is a direct relationship between the offense and the job or unless hiring would be an unreasonable risk.

EDUCATION

Table with 5 columns: Type, Name/Location, Course, Number of Years Completed, Degree/Diploma. Rows include Elementary & Jr. High, High School, College, Technical or Other.

List any professional certificates or licenses held :( type, number, expiration date, and State)

Note to Applicants:

Do not answer this question unless you have been informed about the job requirements for the job for which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description for the activities involved has been presented to you to read.

Yes No

## EMPLOYMENT RECORD

(Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Salary range: \_\_\_\_\_ Position & duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Salary range: \_\_\_\_\_ Position & duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Salary range: \_\_\_\_\_ Position & duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Explain periods of unemployment: \_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives who are employed by this organization?  Yes  No

Please Specify:

### REFERENCES

Name	Address	Fax	Phone

As a condition of employment I understand that I may be required to take and pass a drug and or alcohol screen in any or all of the following circumstances:      Pre-employment      For cause      Random selection

I UNDERSTAND THAT EMERGENCY CONDITIONS MAY REQUIRE ME TO TEMPORARILY WORK SHIFTS OTHER THAN THE ONE FOR WHICH I AM APPLYING AND AGREE TO SUCH SCHEDULING CHANGE AS DIRECTED BY MY DEPARTMENT HEAD OR ADMINISTRATOR OF THIS INSTITUTION.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand that, if I become employed, I will be an employee at will, which means that I or my Employer may terminate my employment at any time for any reason, with or without cause, and with or without notice. I understand that I will be required to follow the Employer's personnel policies and rules. I have fully, completely, and accurately completed this application form. I understand that I may be terminated for any misstatement or omission of fact appearing on this application form.

I further understand that this institution follows the "fair employment practice code" and there is no discrimination in the hiring of individuals based on sexual orientation, sex, race, religion, age, or physical or mental handicap unrelated to ability to perform the work required.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### APPLICANTS PLEASE DO NOT WRITE BELOW THIS LINE REFERENCE AND PRIOR EMPLOYMENT CHECK

INDIVIDUAL CONTACTED	NAME OF FIRM	RESULTS OF CHECK

INTERVIEWED BY (1) \_\_\_\_\_ (2) \_\_\_\_\_ DATE \_\_\_\_\_  
STARTING DATE \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ STATUS \_\_\_\_\_