

**APPLICATION  
FOR  
EMPLOYMENT  
(PLEASE PRINT)**

**E.J. NOBLE HOSPITAL/KINNEY NURSING HOME**  
**77 West Barney Street**  
**Gouverneur, NY 13642**  
**(315)535-9311 TTY (800)662-1220**

Position(s) Applied For	Full Time: _____	Per Diem: _____	Date of Application
	Part Time: _____		

Last Name	First Name	Middle Initial

Address	Street Number	City	State	Zip Code

Telephone Number(s)	Social Security Number

Please list other names you have worked/schooled under \_\_\_\_\_  
 \_\_\_\_\_

Are you related to an employee of the Hospital or a related organization, i.e. Board Member or Medical Staff Member? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is his/her name(s) \_\_\_\_\_

How are they related to you? \_\_\_\_\_

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 with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, give date(s) \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain \_\_\_\_\_

EDUCATION	Name and Address of School	Years Completed	Diploma Degree
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other Specify			

**SPECIALIZED SKILLS:**

Check skills/equipment operated

PC                       Fax  
 Word/WP             Excel  
 Access                 Meditech  
 Power Point         Publisher

Other (list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak a foreign language?

\_\_\_ Yes \_\_\_ No

**EMPLOYMENT EXPERIENCE:**

Start with your most recent job within the last ten years. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer	<b>Dates Employed</b>		Work Performed
	From	To	
Address			
Telephone Number	<b>Hourly Rate/Salary</b>		
Job Title	Starting	Final	
Reason for leaving			

2. Employer	<b>Dates Employed</b>		Work Performed
	From	To	
Address			
Telephone Number	<b>Hourly Rate/Salary</b>		
Job Title	Starting	Final	
Reason for leaving			

3. Employer	<b>Dates Employed</b>		Work Performed
	From	To	
Address			
Telephone Number	<b>Hourly Rate/Salary</b>		
Job Title	Starting	Final	
Reason for leaving			

4. Employer	<b>Dates Employed</b>		Work Performed
	From	To	
Address			
Telephone Number	<b>Hourly Rate/Salary</b>		
Job Title	Starting	Final	
Reason for leaving			



**EDWARD JOHN NOBLE HOSPITAL/KINNEY NURSING HOME  
GOUVERNEUR, NEW YORK 13642**

I, (PLEASE PRINT NAME) \_\_\_\_\_, CONSENT TO RELEASE OF INFORMATION REQUESTED BELOW.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO THE EMPLOYER:**

The above individual has applied for a position at our institution. Your completion of the information requested below will be appreciated and will be held in confidence. If there is information which you would prefer to discuss personally, please call me at (315) 287-1000 extension 311 or 312. THANK YOU.

\_\_\_\_\_  
Human Resource Associate

**EVALUATION**

Please indicate dates of employment, positions held and reasons for leaving. If giving a personal reference, please indicate the length of time you have known the applicant. Your frank evaluation of the abilities and personal traits will be appreciated.

Employed from: \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_  
Known from: \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_

	Excellent	Good	Average	Poor	Not Acceptable
Appearance	_____	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____	_____
Attitude:	_____	_____	_____	_____	_____
Cooperation:	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____

Would you rehire this person? Yes \_\_\_\_\_ No \_\_\_\_\_  
\* if no, please state reason(s): \_\_\_\_\_

Additional comments/information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICANT'S STATEMENT

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I certify answers given herein are true and complete. I authorize investigation of all statements contained in this application may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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Signature of Applicant

Date

*E. J. Noble Hospital/Kinney Nursing Home is an equal opportunity provider and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).*

**We consider applicants for all positions without regard to race, color, religion, creed, gender, National origin, age, disability, marital or veteran status, or any other legally protected status.**

**" The following information is requested by the Federal Government in order to monitor compliance with the Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the gender, race/national origin of the individual applicants on the basis of visual observation or surname."**

**Ethnicity:**

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

**Race: (Mark one or more)**

White \_\_\_\_\_ Black or African American \_\_\_\_\_

American Indian/ Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

I learned about this job opening through  
(check appropriate boxes):

\_\_\_\_\_ Friend/Relative

\_\_\_\_\_ Employee

\_\_\_\_\_ Human Resource Office

\_\_\_\_\_ Job Fair (please specify)

\_\_\_\_\_ Advertisement (please specify)

\_\_\_\_\_ Website (please specify)

\_\_\_\_\_ Other (please specify)