

**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)

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

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	Other (list) _____ _____ _____
<input type="checkbox"/> Word/WP	<input type="checkbox"/> Excel	
<input type="checkbox"/> Access	<input type="checkbox"/> Meditech	
<input type="checkbox"/> Power Point	<input type="checkbox"/> Publisher	

PROFESSIONAL LICENSURE: Has your professional license in any state ever been voluntarily or involuntarily relinquished, denied, suspended, or monitored? Yes NO

If Yes, please explain _____

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	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for leaving			

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

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

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

APPLICANT'S STATEMENT

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.

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, genetic disposition 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)