



Application for Employment

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

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) _____ Email Address _____ 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? Yes No Orchard Manor? Yes No
If yes, give date: _____ Position Held: _____

Are you currently employed? Yes No 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? Yes No

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? * Yes No
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

Type	Name/ Location	Course	Number of Years Completed	Degree/ Diploma
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 Post accident

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 _____