

PLEASE COMPLETE AS FULLY AS POSSIBLE

11. EDUCATION: Circle highest year completed in Grammar, Junior High or High School. 1 2 3 4 5 6 7 8 9 10 11 12	DO NOT WRITE IN THIS SPACE CHECKED BY:
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Have you graduated from High School? YES NO If yes, name and location of High School

If you have a High School equivalency diploma, indicate: Issuing Governmental Authority Number Date of Issue

	Name of School and City in Which Located	Dates of Attendance (Month and Year)		Day or Night	Full or Part-Time	No. of Years Credited	Were You Graduated?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Rec'd. or Expected
		From	To								
College, University, Professional or Technical School											
Other Schools or Special Courses											

12. LICENSES: If a license, certificate or other authorization to practice a trade or profession is a requirement for this position to which you are applying, complete the following question. If not currently licensed, check this box.

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.)	To: (Mo./Yr.)

13. WORKING EXPERIENCE: Describe in detail below your previous employment. Volunteer experience should be documented. A resume will not be accepted as a substitute for completion of this section. A resume may be attached if desired. Omissions or vagueness will not be resolved in your favor.

Length of Employment	From: (Mo./Yr.)	To: (Mo./Yr.)	Firm (A)	Address & Telephone	City and State
Exact Title			Describe Duties		
Name of Your Supervisor					
Supervisor's Title					
No. of Hours Worked per Week					
Reason For Leaving					

Length of Employment	From: (Mo./Yr.)	To: (Mo./Yr.)	Firm (B)	Address & Telephone	City and State
Exact Title			Describe Duties		
Name of Your Supervisor					
Supervisor's Title					
No. of Hours Worked per Week					
Reason For Leaving					

Length of Employment From: (Mo./Yr.) To: (Mo./Yr.)		Firm (C)	Address & Telephone	City and State
Exact Title		Describe Duties		
Name of Your Supervisor				
Supervisor's Title				
No. of Hours Worked per Week				
Reason For Leaving				

Length of Employment From: (Mo./Yr.) To: (Mo./Yr.)		Firm (D)	Address & Telephone	City and State
Exact Title		Describe Duties		
Name of Your Supervisor				
Supervisor's Title				
No. of Hours Worked per Week				
Reason For Leaving				

14. PERSONAL REFERENCES:

Name	Telephone
Address	
Name	Telephone
Address	
Name	Telephone
Address	

If more space is needed to describe your work experience, please attach additional sheets.

Have you any objections to our contacting your previous or current employers? YES NO If yes, which employer(s) do you not want contacted? _____

Mail or Deliver To:

**ONEIDA HEALTH
HUMAN RESOURCES
321 GENESEE STREET
ONEIDA, NEW YORK 13421**

You Can Apply Online At: www.oneidahealth.org

An Equal Opportunity Employer