

ONEIDA HEALTH APPLICATION FOR EMPLOYMENT

321 GENESEE STREET • ONEIDA, NEW YORK 13421 (315) 363-6000 You Can Apply Online At: www.oneidahealth.org

Reviewed Department/Initials:

PLEASE	PRINT I	N INK OF	TYPE -	READ	INSTRUCT	IONS CA	REFULLY	

1.	Name:	
	LAST	FIRST MIDDLE INITIAL
	Current Address:	
	NUMBER	STREET
	CITY OR POST OFFICE	STATE ZIP CODE
	Permanent Address if Different:	
	NUMBER	STREET
	CITY OR POST OFFICE	STATE ZIP CODE
	Home Telephone: ()	Work Telephone: ()
	Date: Cell Phone:	E-Mail Address (Optional):
2.	Position(s) Desired:	
		FIRST CHOICE
		SECOND CHOICE
3.	Are you under 18 years of age? YES NO If so, you must submit working papers with this application.	6. THIS CERTIFICATE MUST BE COMPLETED
4A	Do you have the legal right to accept employment in the United States? YES NO (Non-citizens may be required to produce I-141 or I-551 Alien Registration Cards at time of employment.)	I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be sufficient cause for disciplinary action including dismissal in the event of employment. I understand that employment is dependent
4B.	Can you perform the essential job functions required of the position for which you are applying with or without accommodation?	upon satisfactory completion of a physical examination and receipt by the Hospital of satisfactory references. I agree, if employed, to abide by all Hospital rules.
5.	A. Are you willing to work? YES NO	
	Full-Time	SIGNATURE OF APPLICANT
	Part-Time Temporary	
	Holidays	7. If any additional information relative to change of name, use of an
	Weekends	assumed name or nickname is necessary to enable a check on your work record, explain below:
	B. Are you willing to work any assigned shift? YES NO	
	List times NOT available:	
	C. Were you previously employed by Oneida Health, Oneida Healthcare Center or Oneida City Hospital?	
	If yes, give dates of employment and department:	

8. Check appropriate box to the right of each question:			10. Please list below specific skills and/or abilities you have that
A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	YES I	NO	may be applicable to position(s) for which you are applying (i.e. certifications, keyboard skills, software familiarity, etc.)
B. Did you ever resign from any employment rather than face dismissal?			
C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances?			
D. Have you ever been convicted of a criminal offense (e.g., misdemeanor or felony)?			
E. Have you ever been convicted of a criminal offense related to health care or are you currently or have you ever been disbarred, excluded, disqualified, sanctioned or otherwise deemed ineligible to participate in Medicare, Medicaid or any other federally funded health care program? If yes, please explain.			
If you answered "YES" to any of the questions above, give a below or on an additional sheet. None of the above circum represents an automatic bar to employment. Each considered and evaluated on individual merits in relation duties and responsibilities of the position for which you are a	nstanc case n to t	es is he	
		_	
		—	
 9. Have you a New York State Driver's License? YES NO Class:			
OFFICE USE ONLY Interview Remarks/Results:			THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

PLEASE CO	MPLETE AS FULLY AS POS	SSIBLE									
11. EDUCA	TION:					DO	NOT WRITE IN	THIS S	PACE		
Circle h School.	Circle highest year completed in Grammar, Junior High or High School.				CHECKED BY:						
1 2	3 4 5 6 7 8 9 10	11 12									
Have you g	raduated from High School?	P I YES I NO	lf yes, r	name a	and locati	on of Hi	gh School	_			
If you have	a High School equivalency	diploma, indicate:	Issuing G	overnn	nental Au	thority	Number		Date	of Issue	
	Name of School and City in Which Located					Were You Graduated	d? Major Subject		ege dits	Type of Degree Received	Date Degree Rec'd. or Expected
College, University, Professional or Technical School	University, Professional or Technical										
Other Schools or Special Courses											
you are	SES: If a license, certificate applying, complete the follo	wing question. If no	ot currently	y licens	sed, chec	k this bo	ох. 🗌				hich
	de or Profession	License Num								r State of	
Specialty		Date License	Date License First Issued Registered From: (Mo./Yr.) To: (Mo./Yr.)								
resume	NG EXPERIENCE: Describ will not be accepted as a su ess will not be resolved in yo	ubstitute for comple	our previo tion of this	us emp s sectio	ployment. on. A resu	. Volunte ume may	er experience sho be attached if de	ould be esired.	docu Omis:	mented. A sions or	A
Length of Er From: (Mo./		Firm (A)	ïrm (A)			Address & Telephone				ty and Sta	te
Exact Title		Describe Duties									
Name of You	ur Supervisor										
Supervisor's	Title	_									
	s Worked per Week										
Reason For	Leaving										
Length of E From: (Mo./		Firm (B)	Firm (B)			Address & Telephone			Ci	ity and Sta	ate
Exact Title		Describe Duties									
Name of Yo	ur Supervisor										
Supervisor's	s Title										
No. of Hour	s Worked per Week	-	<u></u>								
Reason For	Leaving										

Length of Employme	ent	Firm (C)	Address & Telephone	City and State
	To: (Mo./Yr.)			-
Exact Title		- Describe Duties		
Name of Your Supe	rvisor	-		
Supervisor's Title				
No. of Hours Worke	d per Week			
Reason For Leaving				

Length of Employment		Firm (D)	Address & Telephone	City and State
From: (Mo./Yr.)	To: (Mo./Yr.)			
Exact Title	1	— Describe Duties		
Exact fille				
Name of Your Supe	rvisor			
Supervisor's Title				
No. of Hours Worked per Week		—		
Person For Leaving				
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	

0951-002 (416826) 1/11