

8. Check appropriate box to the right of each question:

- | | | |
|--|--------------------------|--------------------------|
| A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Did you ever resign from any employment rather than face dismissal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of an offense against the law, or are now under charges for any offense against the law? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have you ever forfeited bail bond posted to guarantee you appearance in court to answer to any criminal charge? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to any of the questions above, give specifics below or on an additional sheet. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

9. Have you a New York State Driver's License?

YES NO

Class: _____

Number: _____

Date of Expiration: _____

OFFICE USE ONLY

Interview Remarks/Results:

10. Please list below specific skills and/or abilities you have that may be applicable to position(s) for which you are applying (i.e. certifications, keyboard skills, software familiarity, etc.)

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 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					
Final Salary					
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					
Final Salary					
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				
Final Salary				
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				
Final Salary				
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 HEALTHCARE CENTER**
HUMAN RESOURCES
321 GENESEE STREET
ONEIDA, NEW YORK 13421

You Can Apply Online At: **www.oneidahealthcare.org**

An Equal Opportunity Employer

APPLICANT: PLEASE COMPLETE ALL FOUR SECTIONS ON THIS SHEET!



APPLICANT'S AUTHORIZATION

I hereby authorize Oneida Healthcare Center to make inquiry of my former employers, educational institutions, and references regarding my suitability for employment. I do unconditionally release Oneida Healthcare Center, my former employers, educational institutions, and references from all liability for any damage whatsoever for issuing such information or utilization of such information.

Date

Signature of Applicant



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Date

Signature of Applicant

ATTENTION

If you are under 18 years of age, you are required to provide proof of employment eligibility (working papers) from your home school at time of application submission.

ACKNOWLEDGEMENT OF PRE-EMPLOYMENT

DRUG SCREENING POLICY

I understand that any offer of employment will be conditional upon me successfully passing a urine drug screen for amphetamines, cocaine, opiates, marijuana, and phencyclidine, before I begin employment at Oneida Healthcare Center. I further understand that a positive drug test or refusal to take a drug test will mean that an offer of employment to me will be withdrawn.

Print Name

Signature

HEALTHCARE EMPLOYMENT SCREENING

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with
Oneida Healthcare Center

I hereby fully release and discharge you, Healthcare Employment Screening (HES) and Commercial Investigations, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or HES from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I have been provided a copy of the summary of the rights of the consumer pursuant to Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to FCRA. **I hereby authorize and give my consent to the above company for the procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.**

In connection with my application for employment (including contract for services) with you, I understand that an investigative consumer report and consumer reports which may contain public record information may be requested from either HEALTHCARE EMPLOYMENT SCREENING, 4500 S. 129th E. Ave. Suite 200, Tulsa, OK 74134-5885 or Commercial Investigations (518) 271-7546. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, any information relating to my character, general reputation, personal characteristics, mode of living, educational background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. I also understand that Oneida Healthcare Center may verify any licenses, certifications, or other credentials I possess.

Print Name

Applicant's Signature

Date