

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
- 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 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
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	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
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Specialty	Date License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)
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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
HUMAN RESOURCES
321 GENESEE STREET
ONEIDA, NEW YORK 13421**

You Can Apply Online At: www.oneidahealthcare.org

An Equal Opportunity Employer

Para información en español, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

APPLICANT: PLEASE COMPLETE ALL FOUR SECTIONS ON THIS SHEET!



APPLICANT'S AUTHORIZATION

I hereby authorize Oneida Healthcare to make inquiry of my former employers, educational institutions, and references regarding my suitability for employment. I do unconditionally release Oneida Healthcare, 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



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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.

ACKNOWLEDGMENT 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. 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

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 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 may verify any licences, certifications, or other credentials I possess.

Print Name

Signature

Date