

For Office Use Only



RIVER HOSPITAL
4 FULLER STREET
ALEXANDRIA BAY, NY 13607

APPLICATION FOR EMPLOYMENT

(Retained for One Year)

For Office Use Only

Please fill out this form fully, accurately, and IN YOUR OWN HANDWRITING. Your cooperation will help us deal with the application more effectively.

NOTE: The New York State Anti-discrimination Law and Federal Laws do not allow discrimination because of age, race, creed, color, national origin, sex, marital status, disability, or sexual orientation.

I. PERSONAL:

NAME: Last First Middle

POSITION APPLIED FOR:

FULL TIME PART TIME PER DIEM

Social Security Number Visa Number (if not U.S. Citizen)

Are you eligible for employment in this country? Yes No

Address: Street City County State Zip Code

Home Phone: Business Phone:

May we call you at work? Yes No

Have you filled out an application here before? Yes No
Are you 18 years of age or over? Yes No
If no, are you at least 17 years of age? Yes No
If under 18, please enclose a copy of your working papers! Enclosed Yes No

II. EDUCATION:

Circle highest grade completed K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Graduate Degree

Table with 4 columns: Name of School, Location, Courses/Major, Diploma/Degree

Licensure Certification Necessary for Professional or Technical Position (not driver's license)

N.Y.S. License Profession Certification

III. MILITARY:

Branch of Service _____ From _____ To _____

Applicable
Experience _____

IV. OTHER INQUIRY:

Have you ever been convicted of a crime? _____ Yes _____ No

(A conviction does not automatically disqualify you from employment.) If yes, explain.

V. PERSONAL REFERENCES:

May we contact your PRESENT Employer(s) for references? _____ Yes _____ No

May we contact your PREVIOUS Employer(s) for references? _____ Yes _____ No

Give the names and addresses of three persons NOT employers and NOT relatives, who have known you for several years: **BE SURE TO PROVIDE COMPLETE MAILING ADDRESSES**

1. _____

2. _____

3. _____

Is additional information regarding your use of a DIFFERENT NAME necessary for us to check your past work references? _____ Yes _____ No

If yes, explain:

VI. FOR APPLICANT USE:

List any information which you feel will be helpful in considering you for employment:

VII. PREVIOUS EXPERIENCE:

PLEASE BE ACCURATE AND COMPLETE IN PROVIDING ALL DATA

List your LAST four positions, giving the last position first:

Employer _____ Address _____
Position _____ Employed From _____ To _____
Duties Performed _____
Salary _____ Reason for leaving _____
Person to be contacted for reference _____ Title _____

Employer _____ Address _____
Position _____ Employed From _____ To _____
Duties Performed _____
Salary _____ Reason for leaving _____
Person to be contacted for reference _____ Title _____

Employer _____ Address _____
Position _____ Employed From _____ To _____
Duties Performed _____
Salary _____ Reason for leaving _____
Person to be contacted for reference _____ Title _____

Employer _____ Address _____
Position _____ Employed From _____ To _____
Duties Performed _____
Salary _____ Reason for leaving _____
Person to be contacted for reference _____ Title _____

CONFIDENTIAL

River Hospital Affirmative Action Questionnaire

This is not a part of the application and is removed before screening. It is used for AAVEEO purposes only. No individual personnel selections are made based on the information. Please answer the following questions to the best of your ability. Your cooperation is appreciated.

ETHNIC CATEGORY

- 1) White (not Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, and the Middle East.
- 2) Black (not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.
- 3) Hispanic. All persons of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin regardless of race.
- 4) Asian or Pacific Islander. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- 5) American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America are who maintain cultural identification through tribal affiliation or community recognition.
- 6) Other: _____

Position Applied for

Date

I learned about this job opening through:

- | | |
|---|---|
| <input type="checkbox"/> A friend or relative | <input type="checkbox"/> Job Fair, organization, or group (which?): _____ |
| <input type="checkbox"/> An employee | <input type="checkbox"/> Advertisement (which paper or magazine?): _____ |
| <input type="checkbox"/> Personnel Office | <input type="checkbox"/> Website (please specify site): _____ |
| <input type="checkbox"/> Employment
Announcement | <input type="checkbox"/> Other Means (Please specify): _____ |

Gender: Male Female Age: Are you 40 years of age or older? Yes No