



## EMPLOYMENT APPLICATION

Please read carefully. Print clearly and answer all questions.  
Any incomplete applications will not be accepted.

140 W. Main Street ÉCuba, New York 14727  
Phone: (585) 968-2000

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous address within the last 7 years: \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Position applying for \_\_\_\_\_ Shift: Days Evenings Nights

Status: Full Time Part Time Per diem

Have you ever worked here before? Yes No If yes, when: \_\_\_\_\_

Were you referred by a current employee? Yes No

If yes, list employee's name: \_\_\_\_\_

### WORK HISTORY

Beginning with your most recent job, list all employment within the past 10 years, including any relevant volunteer service.  
Please account for any gaps in employment in space provided.

Position held: \_\_\_\_\_ Dates, From: \_\_\_\_\_ To: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes No

Position held: \_\_\_\_\_ Dates, From: \_\_\_\_\_ To: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes No

Position held: \_\_\_\_\_ Dates, From: \_\_\_\_\_ To: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes No

May we contact your current employer for a reference? Yes No

# **EDUCATION**

Circle highest level completed.

High School

College

Other

9 10 11 12

1 2 3 4

1 2 3

Name and Address of School(s)

Major

Did you graduate?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please list any current licensures or certifications, include expiration date.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **REFERENCES** (work related, preferably supervisor/manager)

Name

Business/Title

Address

Phone #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever been convicted of a crime (Felony or Misdemeanor)? Yes No

If yes, please explain details. \_\_\_\_\_

Have you ever been involuntarily discharged from a job? Yes No

If yes, please explain. \_\_\_\_\_

Are you either a United States citizen or an alien who has the legal right to work in the job you are applying for? Yes No

Have you served in the US Military? Yes No If yes, were you honorably discharged? Yes No

If no, please explain. \_\_\_\_\_

Based on your review of the job description, can you perform the essential functions of the position for which you are applying for? Yes No

If no, what accommodations would you need? \_\_\_\_\_

Are you willing to take a physical examination and drug test at our expense upon an employment offer? Yes No

*Please read the Applicant Notice and sign the affirmation below indicating your understanding of the notice and the criminal background to be conducted.*

AFFIRMATION: I certify that the answers given by me to the above questions and statements are true and correct without omissions of any kind. I agree that my employer shall not be liable in any respect if my employment is terminated because of false information and or omission of pertinent information made by me in this questionnaire. I hereby authorize employers, companies, schools or persons named herein to supply information regarding my employment, together with other information regarding myself. I understand a criminal background check will be conducted by a private firm and any adverse information will be furnished to me by the firm upon my request. Furthermore, I hereby release said employees, companies, persons, or schools from all liability for any damage both legal and otherwise for supplying this information. I also understand a conditional offer of employment may be based on results of a later medical examination. If accepted for employment, I agree to abide by the policies and procedures of Cuba Memorial Hospital, Inc. & RHCF.

I understand any employment is not for a stated period of time and may be terminated with or without cause at the option of myself or Cuba Memorial Hospital, and if Cuba Memorial Hospital, Inc. should be or become subject to the conditions of the Drug-Free workplace Act of 1988, I agree to abide by such policies as relates to same.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cuba Memorial Hospital proudly embraces equal employment opportunity. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, marital status or any other status protected by law.