



# EMPLOYMENT APPLICATION

Cobleskill Regional Hospital is an equal opportunity employer and complies with federal and state laws prohibiting discrimination in employment practices because of race, color, creed, sex, national origin or citizenship, age, martial status, military or veteran status, sexual orientation, disability, religion, and any other status protected by law. Any applicant requiring an accommodation to participate in the application or interview process should notify Human Resources.

178 Grandview Drive  
 Cobleskill, NY 12043  
 Telephone: (518) 254-3284  
 Fax: (518) 254-3405

Today's Date: \_\_\_\_\_

Date available to start work: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Present Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

\_\_\_\_\_ E-Mail address: \_\_\_\_\_

Position(s) Applying for: \_\_\_\_\_

Rate of Pay Expected: \_\_\_\_\_ per hour/week License Number (if applicable): \_\_\_\_\_

Are you legally authorized to work in the United States? Yes  No

Would you consider: Full-Time  Part-Time  Per Diem  Specify days/hours if part-time: \_\_\_\_\_  
 Day Shift  Evening Shift  Night Shift  Weekends

Can you perform the essential functions of the position(s) for which you are applying with or without reasonable accommodation?  
 \_\_\_\_\_

How did you hear about this position: Newspaper  Internet  Employee  Other:  \_\_\_\_\_

Do you have a friend or family member employed at the Hospital: Yes  No  If yes, please provide name: \_\_\_\_\_

Have you ever worked for the Hospital before: Yes  No  If yes, under what name: \_\_\_\_\_

## Record of Education

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did you Graduate?	Degree Awarded
			1	2	3	4		
High School	_____	_____	1	2	3	4	Yes <input type="checkbox"/>	
	_____						No <input type="checkbox"/>	
College	_____	_____	1	2	3	4	Yes <input type="checkbox"/>	
	_____						No <input type="checkbox"/>	
Other	_____	_____	1	2	3	4	Yes <input type="checkbox"/>	
	_____						No <input type="checkbox"/>	

## References

Please list three people (not former employers or relatives) who know you well.  
 Professional references are preferred; however, personal or character references may be used.

Name	Occupation	Address	Telephone	How Long Known? In What Capacity?

Are there any experiences, skills, or qualifications which you feel would especially suit you for work with the Hospital? \_\_\_\_\_

List all professional licenses, registrations, or certifications held currently or in the past in any state, including CNA (give number, expiration date, and status) \_\_\_\_\_

Has your license, registration, or certification in any state been restricted, suspended, or revoked? Yes  No  Is any disciplinary action currently pending against your license, registration, or certification in any state? Yes  No  . If you answered "yes" to either question, please provide details: \_\_\_\_\_

### Employment History

List all employers for the last [5 or 10] years, beginning with the current or most recent employer. Attached additional sheets if needed.

Name & Address of Company and Type of Business	From Mo./Yr.	To Mo./Yr.	Starting Wage or Salary	Ending Wage or Salary	Reason for Leaving	Name of Supervisor
_____ _____ Telephone: _____						
Describe in Detail The Work You Performed: _____						
_____						
_____						
_____ _____ Telephone: _____						
Describe in Detail The Work You Performed: _____						
_____						
_____						
_____ _____ Telephone: _____						
Describe in Detail The Work You Performed: _____						
_____						
_____						

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact: \_\_\_\_\_

Have you ever been convicted of a crime (misdemeanor or felony) in any jurisdiction? \_\_\_\_\_ If yes, please provide the date(s) and explain the nature of conviction(s). (Conviction of a crime does not necessarily disqualify you from employment): \_\_\_\_\_

Are you presently listed on the Office of Inspector General (O.I.G.) or General Services Administration ("GSA") exclusion list from Federal Health Care Programs? Yes  No

### **AFFIRMATION, AUTHORIZATION, AND RELEASE**

I hereby certify that the facts set forth above in my application for employment are true and complete to the best of my knowledge. I understand that any false statement, misrepresentation, or omission on my application may result in rejection of my application or, if employed, in my immediate dismissal.

I understand that Cobleskill Regional Hospital may undertake to confirm my education and employment history and/or to make inquiries concerning my suitability for the position(s) for which I have applied. I hereby authorize any former employer or educational institution or other personal or professional reference to provide information and opinions concerning my employment experience, education, skills, character, and other matters to Cobleskill Regional Hospital. I hereby release all such persons and organizations from all liability for providing such information or opinions, and I hereby release Cobleskill Regional Hospital from all liability related to its collection or use of such information or opinions.

I understand that employment at Cobleskill Regional Hospital is subject to proof of eligibility to work in the United States and to passing a physical examination, and to appropriate credentialing, if applicable. I also understand that employment at Cobleskill Regional Hospital is subject to a criminal background check.

I understand that, if I am employed by Cobleskill Regional Hospital, either I or the Hospital may terminate my employment at any time and for any reason. I understand that only the Hospital Administrator has authority to make an agreement for employment for a specified period of time, and that any such agreement must be in writing and signed by the Administrator.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Do Not Write Below This Line

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Human Resources Only

Application Number: \_\_\_\_\_

Vacancy Number: \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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