

**APPLICATION FOR EMPLOYMENT**



Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number Street City State Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Have you ever applied for work at Arnot Ogden?  Yes  No  
 If Yes, when? \_\_\_\_\_

Have you ever been employed by Arnot Ogden?  Yes  No  
 If Yes, when? \_\_\_\_\_

Do you have friends or relatives employed by Arnot Ogden?  Yes  No  
 If Yes, whom? \_\_\_\_\_

Are you known to schools or references by any other name?  Yes  No  
 If Yes, by what name? \_\_\_\_\_

Have you been convicted of any offense involving health care fraud or patient abuse?  Yes  No

**Note: Affirmations of convictions do not immediately disqualify applicants.**

Have you been convicted of a violation of the law?  Yes  No  
 (other than sealed convictions pursuant to section 160.55 or 720.35 of the Criminal Procedure Law)

If Yes, please describe. \_\_\_\_\_

**Falsification and omissions will result in disqualification.**

**MISCELLANEOUS**

List up to 3 positions desired: 1. 2. 3.	How did you hear of us? <input type="checkbox"/> Newspaper's name _____ <input type="checkbox"/> Radio <input type="checkbox"/> Job Service <input type="checkbox"/> Walk in <input type="checkbox"/> Website <input type="checkbox"/> Other _____		Salary Expected:	Date Available:	
	Can you work? <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Other _____	Can you rotate Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/>	Are you available during weekend hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

Type:	State Issuing License:	Renewal Date:	License Number:
Type:	State Issuing License:	Renewal Date:	License Number:

(Continued)

Please complete your educational and employment records below, printing all information as clearly as possible. Where boxes are supplied, please use a check mark to indicate the entry which best describes your personal situation.

The space provided for your work and educational references is supplied on page four of this employment application.

### RECORD OF EDUCATION

Institution	Name/Address of School	Course of Study	Last Year Completed?	Did you Graduate?	List Diploma/GED/ Degree Awarded
High School			<input type="checkbox"/> First	<input type="checkbox"/> Yes	
			<input type="checkbox"/> Second	<input type="checkbox"/> No	
			<input type="checkbox"/> Third <input type="checkbox"/> Fourth		
College/ University			<input type="checkbox"/> First	<input type="checkbox"/> Yes	
			<input type="checkbox"/> Second	<input type="checkbox"/> No	
			<input type="checkbox"/> Third <input type="checkbox"/> Fourth		
Other (Specify)			<input type="checkbox"/> First	<input type="checkbox"/> Yes	
			<input type="checkbox"/> Second	<input type="checkbox"/> No	
			<input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Other: _____		

### RECORD OF EMPLOYMENT

List below all present and past employment, beginning with your most recent position, be sure to list phone numbers and explain any gaps between periods of employment exceeding 3 months.

**I**

Name and Address of Company & Type of Business	Position	Describe the work you did.	Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor
	From      To Mo. Yr. Mo. Yr.					
Telephone						

**II**

Name and Address of Company & Type of Business	Position	Describe the work you did.	Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor
	From      To Mo. Yr. Mo. Yr.					
Telephone						

**III**

Name and Address of Company & Type of Business	Position		Describe the work you did.	Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor
	From	To					
	Mo. Yr.	Mo. Yr.					
Telephone							

**IV**

Name and Address of Company & Type of Business	Position		Describe the work you did.	Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor
	From	To					
	Mo. Yr.	Mo. Yr.					
Telephone							

**V**

Name and Address of Company & Type of Business	Position		Describe the work you did.	Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor
	From	To					
	Mo. Yr.	Mo. Yr.					
Telephone							

**VI**

Name and Address of Company & Type of Business	Position		Describe the work you did.	Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving	Name of Supervisor
	From	To					
	Mo. Yr.	Mo. Yr.					
Telephone							

**Please list any other experiences, skills or qualifications that may pertain to the position you are applying for.**

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**PERSONAL REFERENCES (Do not list former employers or relatives)**

Name	Occupation	Address	Telephone
<b>I</b>			Home ( )
			Work ( )
<b>II</b>			Home ( )
			Work ( )

**REFERENCES FROM FORMER CO-WORKERS**

Name	Occupation/Company Name	Address	Telephone
<b>I</b>			Home ( )
			Work ( )
<b>II</b>			Home ( )
			Work ( )
<b>III</b>			Home ( )
			Work ( )
<b>IV</b>			Home ( )
			Work ( )

**AGREEMENT**

**I certify that I have not been excluded or have action pending that would exclude me from working with Medicare or Medicaid or other federal health care programs.** It is the policy of ARNOT OGDEN MEDICAL CENTER, ELMIRA, NEW YORK, to provide equal opportunity without regard to race, color, national origin, creed, sex, sexual orientation, age, disability, marital status and other reasons prohibited by law. This policy applies to all areas of employment including recruitment, placement, training, transfer, promotion, lay-offs, termination, pay and other forms of compensation and benefits.

**In signing this application, I affirm that to the best of my knowledge all statements on this application are true and complete without omission of any kind.** I understand any misrepresentation is sufficient cause for dismissal from employment or disqualification from further consideration for employment. I understand and agree that if employed by Arnot Ogden Medical Center or any of its subsidiaries, my employment will be at will and without fixed term. I also understand that I may terminate my employment at any time provided I give notice as required by hospital policy and procedure guidelines. Arnot Ogden Medical Center or its subsidiaries reserves the right to terminate my employment at any time without prior notice.

**I understand that my employment is dependent upon a thorough investigation of my records and references as well as successfully passing a physical examination and substance abuse testing (including hair testing and breathalyzer). I agree to abide by all ARNOT OGDEN Rules and Regulations.**

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**AUTHORIZATION FOR  
RELEASE OF INFORMATION**

I, the undersigned, give Arnot Ogden Medical Center permission to verify my background and suitability for employment. I release from any and all liability any individual, employer, educational institution, professional organization, etc. which may provide such information. I also waive my right to inspect this reference information.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

I request that my current employer not be contacted unless I am in the final stages of consideration for a position.

**Please do not write below this line.**

Interview:  Yes  No Date \_\_\_\_\_ Interviewer \_\_\_\_\_ Time \_\_\_\_\_

Interview:  Yes  No Date \_\_\_\_\_ Interviewer \_\_\_\_\_ Time \_\_\_\_\_