



Human Resources Department  
 PO Box 800  
 68 Harris Bushville Road  
 Harris, NY 12742  
 Phone: (845) 794-3300 x 2045  
 Fax: (845) 794-4154  
 Website: crmcny.org

# Application for Employment

Please Print Clearly

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	TELEPHONE
ADDRESS LINE 1 – Street, Box No., City, State, ZIP Code		LENGTH OF RESIDENCY YEARS MONTHS
POSITION DESIRED	DESIRED SALARY	AVAILABLE FOR WORK BEGINNING

Can you perform the essential functions of the position for which you are applying?  
 (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

YES  NO Please explain:

Are you legally eligible to be employed in the United States?  
 (Proof of identity and eligibility will be required upon employment)  YES  NO

Are you over the age of 18 years?  
 (If no, you may be required to provide authorization to work)  YES  NO

Do you have a reliable means of transportation?  YES  NO

Preferred work arrangement is:  FULL TIME  PART TIME  PER DIEM  SUMMER ONLY

Are you available to work (check all that apply):  DAY  EVENING  NIGHT  WEEKEND

Days and Hours Available (If employed, I will notify my supervisor in writing should my availability change)	<b>Day</b>	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>
	<b>From:</b>							
	<b>To:</b>							

Have you ever worked under another name?  YES (IDENTIFY NAME AND REASON FOR CHANGE)  NO

Are you presently employed?  YES  NO If yes, may we contact your employer?  YES  NO

If presently employed, why are you considering leaving? \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic offense?  YES (IDENTIFY THE CONVICTION, THE LOCATION WHERE THE FELONY OR MISDEMEANOR OCCURRED, AND THE DISPOSITION OF THE CASE)  NO  
 (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever worked for the Hospital before? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPT.	POSITION	REASON FOR LEAVING
	FROM	TO	

Do you have any relatives or friends who work for the Hospital? <input type="checkbox"/> YES (list at right) <input type="checkbox"/> NO	NAME RELATIONSHIP
	NAME RELATIONSHIP

Do you belong to any professional, trade, business, or civic organizations that deal with the position for which you are applying? (Omit any organizations which reflect your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

PROFESSIONAL APPLICATIONS ONLY				PROFESSIONAL APPLICATIONS ONLY			
Are you registered?				Are you licensed?			
<input type="checkbox"/> YES	NUMBER	ISSUED BY	EXPIRATION	<input type="checkbox"/> YES	NUMBER	ISSUED BY	EXPIRATION
<input type="checkbox"/> NO				<input type="checkbox"/> NO			

**EMPLOYMENT RECORD**

- List all employment beginning with the most recent.
- If not previously employed, please list personal references.

EMPLOYER NAME & ADDRESS PLEASE INCLUDE TELEPHONE NUMBER	POSITION	FROM	TO	SUPERVISOR	SALARY	REASON FOR LEAVING

**EDUCATION**

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL			GRADUATED	DEGREE/MAJOR
HIGH SCHOOL					
BUSINESS, TRADE OR TECHNICAL					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					

Do you have a high school equivalency diploma?     NO     YES    ISSUED FROM: \_\_\_\_\_    DATE ISSUED: \_\_\_\_\_

**SKILLS YOU POSSESS**     TYPING \_\_\_\_\_ WPM     DATA ENTRY     DICTAPHONE  
 BOOKKEEPING     CALCULATOR     MEDICAL TERMINOLOGY  
 COMPUTER

LIST OTHER SKILLS (INCLUDING SPECIFIC COMPUTER SKILLS): \_\_\_\_\_

What prompted you to apply for a position at Catskill Regional Medical Center?

- In response to an advertisement    Circle one: Times Herald Record    Sullivan Co. Democrat  
 An employee referral     My own initiative     Website     Radio     hudsonvalleyhelpwanted.com  
 Other \_\_\_\_\_

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**PERSONAL REFERENCES**

(Please exclude immediate family)

NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER

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**PLEASE READ CAREFULLY AND SIGN**

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I have carefully read the application statement and have provided accurate information to the best of my knowledge. The facts set forth in this application are true and complete. Permission is given to Catskill Regional Medical Center to verify all information I have provided on this application. I authorize all persons or entities I have referred to in this application to provide any relevant information to Catskill Regional Medical Center or its agents for use in investigation and release them from any liability doing so.

I understand and agree that any omission or misrepresentation of facts in my application will be justification for refusal or termination of employment. I understand that this employment application and any other Hospital documents or statements are not contracts of employment. Employment is contingent upon satisfactory completion of employment and reference checks. A minimum of two positive reference checks are required for employment.

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

\*NOTE: The provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.

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Reviewed 2/1/08 jh