



CLAXTON-HEPBURN MEDICAL CENTER IS A  
TOBACCO-FREE FACILITY.

USE OF TOBACCO PRODUCTS IS PROHIBITED ON ALL  
PROPERTY OWNED & LEASED BY CHMC.

214 King Street, Ogdensburg, New York 13669  
 Telephone: 315-393-8880, ext. 5250  
 www.chmed.org

## APPLICATION FOR EMPLOYMENT

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

### PERSONAL

Last Name	First Name	Middle	Date
Address		City, State Zip	Home Telephone (    )
Have you previously worked for this hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, Month and Year:   Department:		Social Security # <i>(Please provide only if hired)</i>	
Position Applied For:		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No; If not, please explain:			
Can you, with or without reasonable accommodation, perform the primary functions of the position applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Indicate special qualifications or skills:			
Will you work:			
<input type="checkbox"/> Fulltime	<input type="checkbox"/> Days	<input type="checkbox"/> Summer 20__	
<input type="checkbox"/> Part Time _____ Hrs. Per Week	<input type="checkbox"/> Evenings	<input type="checkbox"/> 12 Hr. Shifts	
<input type="checkbox"/> Per Diem	<input type="checkbox"/> Nights	<input type="checkbox"/> Overtime	
When will you be available to begin work?			

### EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate?
Graduate		Major		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Degree		
College		Major		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Degree		
Business/Trade/ Technical		Major		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Degree		
High School		Major		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Degree		

**Membership in Professional or Civic Organizations**  
*(Exclude those which may disclose your race, color, religion, national origin, gender or age)*

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**If a professional License or certification is required for the position you are applying for, please complete below:**

N.Y.S. License/Certificate Information:

License/Cert. Number:

Registration Expiration Date:

I am not yet licensed in New York State and plan to:

Take N.Y.S. Boards Date:

Apply for Reciprocity Date:

**EMPLOYMENT/MILITARY SERVICE**

Please give complete employment record. Start with your present or most recent employer; include at least the last 10 years.

Company Name	Telephone ( )	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Employed – (State month and year) From To	
Name of Supervisor	Weekly pay Start Last	
State Job Title and Describe Your Work	Reason for Leaving	

Company Name	Telephone ( )	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Employed – (State month and year) From To	
Name of Supervisor	Weekly pay Start Last	
State Job Title and Describe Your Work	Reason for Leaving	

Company Name	Telephone ( )	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Employed – (State month and year) From To	
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Company Name	Telephone ( )	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Employed – (State month and year) From To	
Name of Supervisor	Weekly pay Start Last	
State Job Title and Describe Your Work	Reason for Leaving	

**REFERENCES**

Give the names and addresses of three people (not relatives) who can comment on your character, work habits and competency. (We will assume we have your permission to contact these people unless you indicate to the contrary.)

Name	Address	Phone
1.		( )
2.		( )
3.		( )

Print Name: \_\_\_\_\_

Please complete this section in full to be considered for employment.

Have you been convicted of a crime (felony or misdemeanor) in the past ten years, excluding summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe in full. (Conviction will not necessarily disqualify an applicant from employment).
Have you ever been subject to investigation by a professional or licensure board? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe in full.
Have you ever been subject to discipline by a professional or licensure board? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe in full.
Have you ever be convicted of a criminal offense related to health care or are you listed by a federal or state agency as debarred, excluded, disqualified or otherwise ineligible for federal health care program participation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe in full.
Have you ever been terminated from employment by a health care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe in full.
List all former names(s) or alias: • • •

***Please read following section thoroughly, before signing.***

**SIGNATURE**

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If you decide to engage an investigative consumer reporting agency to report on my credit, criminal and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

**I consent to any and all job-related examinations, including pre-employment health, drug screening, and criminal background checks as required by Claxton-Hepburn Medical Center.**

**I authorize the release of any work-related information to Claxton-Hepburn Medical Center to include: Dates of employment, performance evaluations, attendance records, and any related information necessary for employment consideration.**

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL**

**Claxton-Hepburn Medical Center Affirmative Action Questionnaire**

This is not a part of the application and is removed before screening; it is used for AA/EEO 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.  **Hispanic or Latino-** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- 2.  **White-(Not Hispanic or Latino)-** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- 3.  **Black or African American (Not Hispanic or Latino)-**A person having origins in any of the black racial groups of Africa.
- 4.  **Native Hawaiian or Other Pacific Islander(Not Hispanic or Latino)-**A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5.  **Asian (Not Hispanic or Latino)-**A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 6.  **American Indian or Alaska Native (Not Hispanic or Latino)-**A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Title Applied for:	Date:
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I learned about this job opening through (check appropriate boxes):

- 1.  A friend or relative
- 2.  An employee
- 3.  Employment announcement
- 4.  Personnel Office
- 5.  Job Fair, organization, or group (which?): \_\_\_\_\_
- 6.  Advertisement (which paper or magazine?): \_\_\_\_\_
- 7.  Website (please specify site): \_\_\_\_\_
- 8.  Other Means (Please specify): \_\_\_\_\_

Gender:  Male  Female

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