Application for Employment

PLEASE PRINT CURRENT AS OF 9/97

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ___/___/___

Name _____ Social Security # _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # (___) _____ Mobile/Beeper/Other Phone # (___) _____ E-mail Address _____

If you are under 18, and it is required, can you furnish a work permit? ☐ Yes ☐ No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions _____ ☐ Yes ☐ No

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work ___/___/___ What is your desired salary range? $ _____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE # ( )
STARTING JOB TITLE / FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START $ ___ PER ___ FINAL $ ___ PER ___	

FROM	TO	EMPLOYER	TELEPHONE # ( )
STARTING JOB TITLE / FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER			
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MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START $ ___ PER ___ FINAL $ ___ PER ___	

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

References

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	( )	
	( )	
	( )	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant_____ **Date** ____/____/____

FRIENDLY FORMS®

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Northern Oswego County Health Services, Inc.
61 Delano Street
Pulaski, NY 13142
Phone 315 298-6569 Fax 315 298-7488
TDD 1-202-720-6382

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practice and do not discriminate on the basis of any unlawful criteria. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Applicant Information

Applicant's name _____ Phone ( ) _____
Last First Middle

Address _____
Street City State Zip Code

Position applied for _____ Date _____

Referral Source (circle):

Government Employment Agency Private Employment Agency Current Employee
Walk-in School Other _____
Relative Advertisement located in _____
Person who referred you, if applicable _____

Completed by _____ **Date** _____

IMPORTANT NOTICE – Voluntary Affirmative Action Data

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Ethnicity:

_____ Hispanic *or Latino* _____ Not Hispanic or Latino

Race: (Mark one or more)

_____ White _____ Black *or African American* _____ American Indian/Alaska Native
_____ Asian _____ *Native Hawaiian* _____ *Pacific Islander*

Gender: _____ Male _____ Female

FOR ADMINISTRATIVE USE

Position applied for _____ <> Current opening <> No current opening
Other positions(s) considered for _____
Hired? <> No <> Yes Hire date _____
Position hired for _____

Position classification

<> Office and Clerical Workers <>Sales Workers <>Technicians
<> Operative (semi-skilled) <>Service Workers <>Laborers (unskilled)
<> Craft Workers (skilled) <>Professionals <>Official and Managers

Additional Notes: _____

Completed by _____ Date _____

This institution is an Equal Opportunity Provider.
Complaints of discrimination should be sent to:
USDA, Director, Office of Civil Rights, 1400 Independence Ave., S. W., Washington, DC 20250-9410 or
call (800) 795-3272 (voice) or (202) 720-6382 (TDD)

Health Center • Pulaski
Northern Oswego County Health Services, Inc.

Northern Oswego County Health Services, Inc.
61 Delano Street, Pulaski, New York 13142-1400 (315) 298-6569 Fax (315) 298-7488 www.nochsi.org

I hereby authorize Northern Oswego County Health Services, Inc., the Pulaski Health Center to obtain reference checks with my former employers and/or associates and with others who have information on my performance, character, dependability, period of employment and qualifications.

I hereby release from liability all directors, officers, employees, and other representatives of Northern Oswego County Health Services, Inc., the Pulaski Health Center, and of my former employers, references, and/or associates who provide requested information when their acts are performed in good faith and without malice. I further understand that the reference checks obtained will be regarded by Northern Oswego County Health Services, Inc. the Pulaski Health Center as confidential.

Signed:_____ Date:_____

Printed name:_____

Fax: _____ Date:_____

Attn:_____

_____

_____

_____

_____

_____

_____

Signed

Dental Services
61 Delano Street
Pulaski, NY 13142
315 298-6815
FAX 298-7488

The Health and Dental Center at Sandy Creek School
Salisbury Street
Sandy Creek, NY 13145
315 387-3620
FAX 387-2912

The Health Center at Lura Sharp Elementary School
Hinman Road
Pulaski, NY 13142
315 298-2570
FAX 298-7457

The Health Center at Pulaski Middle – Senior High School
4624 Salina Street
Pulaski, NY 13142
315 298-2696
FAX 298-3460

The Health Center at APW High School
639 County Route 22
Parish, NY 13131
315 625-5213

Serving the community since 1969

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Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)