

ROME MEMORIAL HOSPITAL

1500 North James Street
Rome, New York 13440

EMPLOYMENT APPLICATION

Date: _____ Job Interest: _____

Shift Preferred (check all that apply):

Days Evenings Nights Any Full Time Part Time Per Diem Casual

Please indicate how you became aware of the vacant position. (check one)

Ad Bulletin Board Internet Walk-in Other Employee: _____

GENERAL INFORMATION

Last Name: _____ First: _____ MI: _____

Street: _____ City, State, Zip: _____

SS #: _____ Home Phone: _____ Alternate Phone: _____

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

Have you ever been excluded or suspended from state or federal health care programs? Yes No Explain: _____

Have you previously worked for Rome Memorial Hospital: No Yes Date(s): _____

Are you over the age of 18? Yes No If not, please state your age: _____ Do you have working papers? Yes No

If hired, can you provide verification of identity and eligibility to work within 72 hours? Yes No

Are you eligible to work in the United States? Yes No

Do you have professional credentials or licensure for the position you have applied for? Yes No

Do you have a valid Driver's License? Yes No State: _____ Number: _____

Description of credentials and/or license identification number: _____

Do we need additional information about a name change, assumed name or nick name to check your work or education record?

Yes No Explain: _____

When would you be available to work? _____

Please list any proficiencies or special skills that you think may be helpful in your job interest.

EDUCATIONAL INFORMATION

High School/GED: _____	City/State: _____
Graduated/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Technical/Vocational: _____	City/State: _____
Major: _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree: _____	
College: _____	City/State: _____
Major: _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree: _____	
Graduate School: _____	City/State: _____
Major: _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree: _____	
Other: _____	City/State: _____
Major: _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree: _____	

Please attach additional sheets as needed, if you have attended other educational programs.

EMPLOYMENT INFORMATION

Describe your employment history starting with your present or most recent employer. Please list all positions held and attach additional information if necessary. May we contact your present employer? Yes No N/A

Employer: _____	Supervisor's Name & Title: _____
Address: _____	Phone #: _____
Position Held: _____	Employed From (date) _____ To (date) _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Last Salary: _____ Major Job Duties: _____
Reason For Leaving: _____	
Employer: _____	Supervisor's Name & Title: _____
Address: _____	Phone #: _____
Position Held: _____	Employed From (date) _____ To (date) _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Last Salary: _____ Major Job Duties: _____
Reason For Leaving: _____	
Employer: _____	Supervisor's Name & Title: _____
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Position Held: _____	Employed From (date) _____ To (date) _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Last Salary: _____ Major Job Duties: _____
Reason For Leaving: _____	
Employer: _____	Supervisor's Name & Title: _____
Address: _____	Phone #: _____
Position Held: _____	Employed From (date) _____ To (date) _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Last Salary: _____ Major Job Duties: _____
Reason For Leaving: _____	

EQUAL OPPORTUNITY EMPLOYER

Rome Memorial Hospital is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, religion, national origin, gender, age, disability, sexual orientation, marital status, veteran status, or any other protected characteristic. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying documentation, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Hospital.

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term and may be terminated at any time with or without cause and without prior notice, at the option of either myself or the Hospital. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Hospital unless made in writing. I further understand that should an offer of employment be extended I will be required to submit to a Drug/Alcohol Test at the time of the Post-Offer Health Evaluation, a background check and finger printing, when applicable, pursuant to hospital policy.

I understand that filling out this form does not indicate there is an open position and does not obligate the Hospital to hire. If hired, I agree to abide by all hospital work rules, policies and procedures. The Hospital retains the right to revise its policies or procedures, in whole or in part, at any time.

I further understand that Rome Memorial Hospital is a tobacco-free campus. The use of any tobacco product is prohibited on Hospital owned and Hospital operated property.

REFERENCES RELEASE AUTHORIZATION

Please respond to this Reference Release Authorization Form and provide information as to my suitability for employment at Rome Memorial Hospital. By this authorization, I hereby release you from any and all liability for providing the records and information identified below, regardless of the actual truth or falsity thereof.

I hereby authorize the release of my employment dates, evaluations of work performance, attendance records, and any other work-related information to Rome Memorial Hospital.

I authorize the Registrar/Guidance Office to release my educational transcript and any other Information in my educational records to Rome Memorial Hospital.

I hereby authorize Rome Memorial Hospital to receive and have full access to the records set forth above, and release Rome Memorial Hospital and its officers, employees, and agents from any and all liability from damage which may result from obtaining, reviewing or considering such documents or data.

I am voluntarily furnishing the identifying information listed below to assist you in locating my records.

Signature

Date

Full Name (Print)