

Application for Employment

(Please Print in Ink)

Oak Orchard Community Health Center Inc.

www.oakorchardhealth.org

300 West Avenue
Brockport, NY 14420

Today's Date: _____

Date available to begin work: _____

Position(s) applying for: _____ Date Available: _____

How did you hear of position?: Newspaper Website Friend Relative Other

Would you consider: Full Time Part Time Per Diem Temporary

Day Shift Evening Shift Night Shift Weekends

Federal and State laws prohibit discrimination in employment practices because of race, creed, color, sex, national origin, age, marital status, sexual orientation, disability, citizenship, criminal record, religion and military status.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone No.: _____ Social Security No.: _____

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

Have you ever been convicted of a crime (misdemeanor or felony)? Yes No

If yes, please explain and include date and location of offense. _____

EDUCATION

Circle highest grade completed: Grammar 5 6 7 8 High 9 10 11 12 GED College 1 2 3 4
Name Location Course of Study Degree Awarded

	Name	Location	Course of Study	Degree Awarded
High School				
College				
Other				

List any special skills or training you may have: _____

List any professional certificates or licenses held past or present including CNA: (give number, expiration date and state) _____

Has your license or certification in any state been restricted, suspended or revoked? Yes No

Is any disciplinary action currently pending against your certification or license in any state? Yes No

If you have been issued a National Provider Identifier (NPI) and Taxonomy Code(s), please provide them: _____

Are you presently listed on the Office of The Inspector General (O.I.G.) and/or the General Services Administration (GSA) exclusion from Federal Health Care Programs? _____

NURSING APPLICANTS ONLY: Have you had special training in:

Geriatrics Emergency Care Intensive Care Care CPR

Other (Specify) _____

EMPLOYMENT HISTORY

- 1) Have you every been employed by Oak Orchard Community Health Center? _____
 If yes, under what name: _____ Approximately when? _____
- 2) May we contact your present employer? Yes No Not Currently Employed
- 3) List below all of your employment for the past five (5) years, starting with your present or most recent employer. (attached an additional page, if necessary)

Company	Complete Address / Telephone	Dates of Employment	Job Title	Salary	Reason for Leaving

- 4) Give three (3) persons as references who ARE NOT related to you. Professional references preferred; however, personal and/or character references may be used.

_____	_____	_____
(Name)	(Address / Telephone)	(Occupation)
_____	_____	_____
(Name)	(Address / Telephone)	(Occupation)
_____	_____	_____
(Name)	(Address / Telephone)	(Occupation)

- 5) List any friends or relatives who are employed at Oak Orchard Community Health Center:
 (Give name and relationship)

_____	_____
_____	_____

I hereby authorize any former employer, educational institution or other reference to furnish information and opinion to Oak Orchard Community Health Center (OOCHC) concerning my experience, character, etc. I hereby release all such persons and organizations from all liability for providing such information or opinions and hereby release OOOHC from all liability related to its use of such information or opinions.

I certify that the above statements are true and complete to the best of my knowledge and understand that any false statement, misrepresentation or omission may result in rejection of my application or, if employed, in my immediate discharge upon discovery thereof.

I understand that employment at OOOHC is subject to verification of references and proof of eligibility to work in the United States, and to passing a physical examination.

Signature: _____ Date: _____