



BROOKS

MEMORIAL HOSPITAL

Application for Employment

529 Central Avenue Dunkirk, NY 14048-2599 (716) 366-1111

Please read carefully - Write clearly - Answer all questions

Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, creed, national origin, marital or veteran status, or the presence/presumption of a non-job-related medical condition or handicap.

(Last Name)	(First Name)	(Middle Initial)	Application Date
Current Address (Number Street)		Home Phone	Phone for message
City, State & Zip			Social Security Number
First choice for employment			Experience? Yes <input type="checkbox"/> No <input type="checkbox"/>
Second choice for employment			Experience? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever filed an application with us before? <i>(If yes, state date)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		If employed and you are under 18, can you furnish a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for us before? <i>(If yes, state date)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		Will you accept part-time work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you accept temporary work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for us before under another name? <i>(If yes, state name)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		Shift or hours you can work: 1st. <input type="checkbox"/> 2nd. <input type="checkbox"/> 3rd. <input type="checkbox"/> Other:	
On what date would you be available for work?		REFERRAL SOURCE: Printed Ad <input type="checkbox"/> Internet Ad <input type="checkbox"/> Dept. Of Labor <input type="checkbox"/>	
Name(s) & relationship(s) of relatives working at Brooks:		Employee <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other <input type="checkbox"/>	

NOTICE: As a condition of employment, all applicants will be required to take a drug test after being offered a position, and prior to the first date of employment.

CITIZENSHIP

Are you either a United States citizen or an alien who has the legal right to work in the job for which you are applying? Yes No

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents which are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after commencement of employment. You will also be required to sign Form I-9 (issued by the federal government) verifying, under oath, your employment authorization.

U.S. MILITARY SERVICE

Have you served in the U.S. Military? Yes No

Please relate any job-related skills or experience:

MEDICAL REQUIREMENTS

Are you willing to take a physical examination and drug test at our expense upon offer of employment? Yes No

PERSONAL

Have you, since the age of 18, ever been convicted of a felony? (Note: A conviction will not necessarily bar you from employment) Yes No

If yes, explain - Give dates:

Have you ever been involuntarily discharged from a job? Yes No

If yes, explain - Give dates:

Have you any hobbies or interests, or belong to any club, organization, society or professional group which has direct bearing on your qualification for the job which you are seeking? You may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, physical or mental impairment, or medical condition. Yes No

If yes, explain:

EDUCATION

NAMES	COMPLETE ADDRESSES OF SCHOOLS	ACADEMIC MAJOR	# OF YEARS ATTENDED	DIPLOMA?
Last Elementary School				
Last High School				
Jr. College, College, or University				
Technical or Vocational School				
Other details of experience or training, including information on adult education programs which have a direct bearing on the job which you are seeking:	School	Course	Diploma/Certificate?	Date Completed

REFERENCES

Name	Occupation	Organization
	Phone	Address
Name	Occupation	Organization
	Phone	Address
Name	Occupation	Organization
	Phone	Address

EMPLOYMENT EXPERIENCE

Give a complete record of all employment and reasons for periods of unemployment during past ten (10) years. Start with your present or last job. Provide U. S. experience only. You may exclude organizations which indicate race, color, religion, sex, or national origin.

Employer	Telephone Number ()	Dates Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address				
Job Title	Hourly Rate/Salary			
	<i>Starting</i>	<i>Final</i>		
Supervisor				
Reason for Leaving				

Employer	Telephone Number ()	Dates Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address				
Job Title	Hourly Rate/Salary			
	<i>Starting</i>	<i>Final</i>		
Supervisor				
Reason for Leaving				

Employer	Telephone Number ()	Dates Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address				
Job Title	Hourly Rate/Salary			
	<i>Starting</i>	<i>Final</i>		
Supervisor				
Reason for Leaving				

Employer	Telephone Number ()	Dates Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address				
Job Title	Hourly Rate/Salary			
	<i>Starting</i>	<i>Final</i>		
Supervisor				
Reason for Leaving				

May we contact your present employer(s) for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		List office machines you can use: List PC applications you are skilled in:
Typing Speed WPM	Medical Terminology Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Equipment :

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

Type	State Issued	Date	No.	Verif.

Areas of specialization or major interest :

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Brooks Memorial Hospital shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize previous employers, companies, schools or persons named in this document to give any information regarding my employment. I hereby release said employers, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand a conditional offer of employment will be based on results of a later drug test. In addition, if accepted for employment, I hereby agree to abide by the current and future rules and policies of Brooks Memorial Hospital.

Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or Brooks Memorial Hospital. In addition, should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.

Signed _____ Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER - A COPY OF THIS APPLICATION IS AVAILABLE TO YOU ON REQUEST.

