



TLC HEALTH  
NETWORK

# BROOKS-TLC HOSPITAL SYSTEM, INC.

## Application for Employment

TLC Health Network, 845 Main Rd., Irving, NY 14081  
Brooks Memorial Hospital 529 Central Ave., Dunkirk, NY 14048

**Please read carefully - Write clearly - Answer all questions**

Applicants are considered for all positions without regard to age, race, color, religion, sex, sexual orientation, creed, national origin, marital or veteran status, disability, or any other status protected by state or federal law.

Last Name	First Name	Middle Initial	Application Date
Current Address (Number Street)			Home Phone
City, State & Zip			Phone for Message
Email Address:			
Position applying for			Experience? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location applying for (Check those that apply)			
<input type="checkbox"/> TLC Irving Campus	<input type="checkbox"/> BMH Dunkirk Campus	<input type="checkbox"/> Urgent Care, Gowanda	
<input type="checkbox"/> CD Clinic, Cassadaga	<input type="checkbox"/> CD Clinic, Derby	<input type="checkbox"/> Primary Care, Gowanda and Forestville	
Have you ever filed an application with us before? <i>(If yes, state date and location)</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 and location)</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 Brooks or TLC under another name? <i>(If yes, state name(s))</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?		<b>REFERRAL SOURCE:</b>	
Name(s) & relationship(s) of relatives working at Brooks-TLC:		Printed Ad <input type="checkbox"/> Internet Ad <input type="checkbox"/> Dept. Of Labor <input type="checkbox"/>	
		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.

### 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 on or before your first date of employment.

### 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 ever been involuntarily discharged from a job?      Yes       No   
*If yes, explain - Give dates:*

### EDUCATION

NAMES AND COMPLETE ADDRESSES OF SCHOOLS	ACADEMIC MAJOR	# OF YEARS ATTENDED	DIPLOMA?
Last High School/GED Program			
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**

<b>Name</b>	Occupation	Organization
	Phone	Address
<b>Name</b>	Occupation	Organization
	Phone	Address
<b>Name</b>	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. Attach additional sheets if necessary.*

<b>Employer</b>	<b>Telephone Number</b> ( )	<b>Dates Employed</b>		<b>Work Performed</b>
		<i>From</i>	<i>To</i>	
<b>Address</b>				
<b>Job Title</b>				
<b>Supervisor</b>				
<b>Reason for Leaving</b>				

<b>Employer</b>	<b>Telephone Number</b> ( )	<b>Dates Employed</b>		<b>Work Performed</b>
		<i>From</i>	<i>To</i>	
<b>Address</b>				
<b>Job Title</b>				
<b>Supervisor</b>				
<b>Reason for Leaving</b>				

<b>Employer</b>	<b>Telephone Number</b> ( )	<b>Dates Employed</b>		<b>Work Performed</b>
		<i>From</i>	<i>To</i>	
<b>Address</b>				
<b>Job Title</b>				
<b>Supervisor</b>				
<b>Reason for Leaving</b>				

<b>Employer</b>	<b>Telephone Number</b> ( )	<b>Dates Employed</b>		<b>Work Performed</b>
		<i>From</i>	<i>To</i>	
<b>Address</b>				
<b>Job Title</b>				
<b>Supervisor</b>				
<b>Reason for Leaving</b>				

May we contact your present employer(s) for a reference?

Yes  No

List office machines you can use:

List PC applications you are skilled in:

**PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS**

Type	State Issued	Date	No.

**POSITIONS MAY REQUIRE TRAVEL AND/OR OPERATION OF A MOTOR VEHICLE OR HEAVY EQUIPMENT**  
Certain positions may require extensive travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; to routinely operate a motor vehicle; and/or to routinely operate heavy equipment requiring a specialized license. For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license valid in NYS at the time of appointment and continuously thereafter. Candidates who do not possess a driver license valid in NYS must be able to demonstrate their capacity to meet the transportation needs of the job at the time of interview.

**Do you currently have a valid driver license that allows you to operate a motor vehicle in New York State?**

Yes  No  License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**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 understand that my employment may be terminated because of false answers or statements, or material omissions made by me in this questionnaire, at any time during the employment process, or during employment. 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 my employer.

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 my employer. 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.**

