



**JONES MEMORIAL HOSPITAL P.O. BOX 72, 191 N. MAIN STREET.  
WELLSVILLE, NY 15895**

www.jmhny.org

Phone: 585-593-1100 Fax 585-596-4122

**Employment Application**

APPLICANT INFORMATION									
Last Name		First			M.I.		Date		
Street Address					Apartment/Unit #				
City			State		ZIP				
Phone Number		E-mail Address							
Cell Number		Date Available			Desired Salary				
Position Applied for		First Choice:				Second Choice:			
Do you have a legal right to live and work in the United States?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are you not 18 years of age or older, can you provide a valid work authorization?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for us before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? Under a different name?				
Have you ever been convicted of a felony or misdemeanor? Factors such as , but not limited to, age and date of conviction, the seriousness and nature of the crime, rehabilitation, and relations of the crime to the job duties will be considered in determining whether a record of conviction will disqualify you from employment.								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any relatives who work here?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what area?				
Are you on a lay-off and subject to recall?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you collecting unemployment?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will you accept		Full time <input type="checkbox"/>		Part time <input type="checkbox"/>		Per Diem <input type="checkbox"/>			
Shifts available to work:		Days <input type="checkbox"/>		Evenings <input type="checkbox"/>		Nights <input type="checkbox"/>			
Are you available to work weekends and holidays?									
EDUCATION									
High School		Address							
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College		Address							
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other Special Training		Address							
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
PROFESSIONAL LICENSE/REGISTRATION/CERTIFICATION									
Type:		State Issued:		Date:		Reg. #			
Type:		State Issued:		Date:		Reg. #			
Type:		State Issued:		Date:		Reg. #			
Area of specialization or major interest:									
ADDITIONAL INFORMATION -- PLEASE GIVE DETAILS TO ANY "YES" ANSWERS ON A SEPARATE SHEET									
Have judgments or settlements been made against you in professional liability cases, or are there any pending?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had or do you have pending any limitation, suspension, or revocation of your license?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a criminal offense related to healthcare or listed as debarred, excluded, sanctioned or otherwise deemed ineligible to participate in Medicare, Medicaid or any other federally funded program?								YES <input type="checkbox"/>	NO <input type="checkbox"/>

PREVIOUS EMPLOYMENT										LIST LAST EMPLOYMENT FIRST									
1. Company										Phone		( )							
Address										Supervisor									
Job Title										Starting Salary		\$		Ending Salary		\$			
Responsibilities																			
From				To				Reason for Leaving											
2. Company										Phone		( )							
Address										Supervisor									
Job Title										Starting Salary		\$		Ending Salary		\$			
Responsibilities																			
From				To				Reason for Leaving											
3. Company										Phone		( )							
Address										Supervisor									
Job Title										Starting Salary		\$		Ending Salary		\$			
Responsibilities																			
From				To				Reason for Leaving											
May we contact your current employer?					YES <input type="checkbox"/>		NO <input type="checkbox"/>												
May we contact your previous employers?					YES <input type="checkbox"/>		NO <input type="checkbox"/>												
Have you ever been discharged from an employer?					YES <input type="checkbox"/>		NO <input type="checkbox"/>												
MILITARY SERVICE																			
Branch										From				To					
Rank at Discharge										Type of Discharge									
If other than honorable, explain																			
<p><b>Jones Memorial Hospital is an equal opportunity employer and affords equal consideration to all qualified applicants for all positions without regard to race, color, creed, religion, ancestry, national origin, age, gender, sexual orientation, disability, marital status, military or veteran status, or any other status protected under local, state, or federal laws.</b></p>																			

<b>REFERENCES</b>			
<i>Please list three professional references.</i>			
1. Full Name		Relationship	
Company		Phone	
Address			
2. Full Name		Relationship	
Company		Phone	
Address			
3. Full Name		Relationship	
Company		Phone	
Address			
<b>SIGNATURE</b>			
<p>I hereby authorize Jones Memorial Hospital to contact and receive pertinent information from any employers, schools, law enforcement agencies, government and/or military agencies, credit organizations, and/or other persons or organizations who may aid the Hospital in determining my suitability for employment. I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information. Additionally, I waive all rights to see or review the information so furnished.</p> <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I understand that any false or misleading information furnished by me on this application, or in connection with my application for employment, may result in rejection of my application, or if employed by Jones Memorial Hospital in the termination of my employment. I further understand that all offers of employment are contingent on the successful completion of a job-related medical examination to determine if I am able to perform the essential function of the position, with or without reasonable accommodation.</p> <p>I understand that if I become employed by Jones Memorial Hospital, my employment will be voluntary, at-will employment, which means I will be free to resign at any time and Jones Memorial Hospital will be free to terminate the employment relationship at any time, with or without reason or notice.</p>			
Signature		Date	
<i>This application will be kept on file for one year (twelve months).</i>			

**HIRE INFORMATION -- APPLICANTS PLEASE DO NOT WRITE ON THIS PAGE**

Name:		Planned Start Date:		ID#
Position:		Grade/Step:		Pay Rate:
Hours per Pay:		Employment Type:	<input type="checkbox"/> Full Time Regular	<input type="checkbox"/> Full Time Temporary
FTE: (Divide hours by 80)		<input type="checkbox"/> Part Time Regular	<input type="checkbox"/> Part Time Temporary	
Shift:	Cost Center:	<input type="checkbox"/> Hourly Position	<input type="checkbox"/> Salaried Position	
Prior Administrative Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		New Position? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Previous Employee Name:
Special Instructions:				
Status: Position offered by Human Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Obtain Social Security # _____ <input type="checkbox"/> Accepted Position <input type="checkbox"/> Declined Position <input type="checkbox"/> Other (Explain)				
Actual Start Date:				
<b>ADMINISTRATIVE APPROVAL</b>				
<b>Department Manager:</b>			<b>Date:</b>	
<b>Administrative Director:</b>			<b>Date:</b>	
<b>VP Human Resources:</b>			<b>Date:</b>	
<b>VP Finance or VP Marketing/Medical Practices:</b>			<b>Date:</b>	
<b>CEO:</b>			<b>Date:</b>	
NOTES:			Meditech Input: Date & Initials	