

APPLICATION FOR EMPLOYMENT

Position Applied For: _____

Please read before completing this application:

Date of Application: _____

Greene County Health Care, Inc. (GCHC) does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question presented here is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **GCHC intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **60 days**. If you have not heard from us within 60 days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application.

PERSONAL DATA

Legal Name _____
(Last)
(First)
(Middle)

Mailing Address _____
(Street)
(City)
(State)
(Zip)

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

Telephone Number _____ Are you 18 years or older? Yes No

Email Address _____

If hired, can you present legal documentation to prove you are able to work in the United States? Yes No

Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? Do not include sealed and expunged convictions. Yes No

If **yes**, please attach a formal statement explaining the circumstances in which you were convicted. A **yes answer does not necessarily preclude consideration for employment**. You may use the Addendum space if needed.

EDUCATIONAL DATA

	Institution Name	Location	Course of Study	Years Completed	Did you Graduate?
High School/GED					
Undergraduate College					
Graduate/Professional					
Other (Specify)					

Degree(s) Obtained: _____

EMPLOYMENT

Have you ever filed an application here before? Yes No When: _____

Have you ever worked for GCHC before? Yes No When: _____

If yes, give name(s) if different from one on this application: _____

When could you report for work? _____

WORK HISTORY Enter your complete work history beginning with your current/most recent employer. Go back 20 years or to age 18. Use Addendum if more space is needed.

From (mo./yr.)	Company:	Telephone:
To (mo./yr.)	City	State Zip
Full-Time Part-Time	Position/Title: Number of Hours:	Reason for Leaving:
Supervisor's Name/Title:		
Responsibilities/Duties:		

From (mo./yr.)	Company:	Telephone:
To (mo./yr.)	City	State Zip
Full-Time Part-time	Position/Title: Number of Hours:	Reason for Leaving:
Supervisor's Name/Title:		
Responsibilities/Duties:		

From (mo./yr.)	Company:	Telephone:
To (mo./yr.)	City	State Zip
Full-Time Part-Time	Position/Title: Number of Hours:	Reason for Leaving:
Supervisor's Name/Title:		
Responsibilities/Duties:		

From (mo./yr.)	Company:	Telephone:
To (mo./yr.)	City	State Zip
Full-Time Part-Time	Position/Title: Number of Hours:	Reason for Leaving:
Supervisor's Name/Title:		
Responsibilities/Duties:		

Please explain any time gaps in employment greater than three months:

Are you currently covered by a non-compete agreement with any former employer? Yes No

If yes, identify employer: _____

May we contact your current employer? Yes No

Are you able to perform the essential functions of the position for which you are applying? Yes No

If **no**, explain: _____

(If you have any questions as to what essential functions are applicable to the position for which you are applying, please ask the interviewer or contact HR before you answer the question.)

SPECIAL SKILLS

Describe any specialized job-related training or skills that may be helpful for the job you are applying. Include any specific equipment you can proficiently operate, any software applications you are proficient in, and any language abilities you may have.

CERTIFICATIONS, LICENSES AND REGISTRATIONS

Type of License/Registration	Name Licensed/Registered Under	License/ Registration Number	Organization Issuing License

RELATIVES IN OUR EMPLOYMENT

Are you related to any employee or Board Member of GCHC? Yes No

Name	Relationship	Name	Relationship

MILITARY SERVICE

Have you served in the US Armed Forces? Yes No

Please describe any training relevant to the position in which you are applying:

PROFESSIONAL REFERENCES

Please give three **professional** references.

Name	Telephone Number	Occupation	Years Known

Please read each statement carefully before signing.

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to release to GCHC my record, reason for leaving, and all information they may have concerning me. I hereby release them and GCHC from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends, or others with whom I am acquainted or who are acquainted with me to release to GCHC information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability from making such statements.

I understand that in the event of employment by GCHC, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of employment by GCHC, I agree to abide by all present and subsequently issued rules of the company.

If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of GCHC. I understand that my employment is at-will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of GCHC (except the Chief Executive Officer) has the authority to commit to any definite term of employment or alter the at-will employment agreement, and any such agreement must be in writing.

Greene County Health Care, Inc. is an equal opportunity employer and provider.

Signature of Applicant

Date

ADDENDUM TO APPLICATION FOR EMPLOYMENT

Use this space if you need additional room to explain or elaborate on any responses on the application:

Signature of Applicant

Date