



EMPLOYMENT APPLICATION FORM

Please Print All Information Requested Except Signature

Application for Employment
Applicants May Be Tested For Illegal Drugs

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? _____ NO _____ YES

If yes, explain number of conviction(s), leading to conviction (s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation _____

Have you ever been excluded from participating in the Medicare/Medicaid programs?

_____ No _____ Yes

Below are the three websites that can be searched to see if you have been excluded from participating in the Medicare/Medicaid programs:

*SAM (Systems for Awards Management- formerly EPLS) www.sam.gov

*OMIG (Office of Medicaid Inspector General-NYS) www.omig.ny.gov

*OIG (Office of Inspector General-Federal LEIE) exclusions.oig.hhs.gov

PLEASE COMPLETE PAGES 1-4

DATE _____

Name _____

Last First Middle Maiden

Present Address _____

Number Street City State Zip

How long have you lived at the above address _____

Social Security No. _____ - _____ - _____

Telephone () _____ If under 18, please list age _____

Position you applied for (1) _____

Days/hours available to work
No Pref. _____ Pref. _____

Salary desired (2) _____
(Be Specific)

Availability Thurs _____
Mon _____ Fri _____
Tues _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ___ Full-Time Only ___ Part-Time Only ___ Full-Time or Part-Time

When are you available to begin work? _____

Type of School	Name of School	Location (complete mailing address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

Do You Have A Driver's License: ___ Yes ___ No

What is your means of transportation to work: _____

Driver's License Number _____ State of issue _____
___ Operator ___ Commercial (COL) ___ Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

Office Only

Typing ___ Yes 10-key ___ Yes Word Processing ___ Yes Personal Computer ___ Yes
 ___ No ___ No ___ No ___ No
 ___ WPM ___ WPM ___ WPM

Other _____ Skills _____

Please list two references other than relatives or previous employers:

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualification for the specific position for which you are applying:

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No

ARE YOU A NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No

Speciality _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone Number	Name of last Supervisor	Employment dates From To	Pay or Salary Start Finish
	Your last job title:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

WORK EXPERIENCE Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone Number	Name of last Supervisor	Employment dates From To	Pay or Salary Start Finish
	Your last job title:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact your present employer ? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

Signature

Date

Safety Interview Questions for New Applicants

1. What are three examples of how you can assure you are doing your part to provide a safe and accident free workplace?
2. How have you improved the safety of your surroundings at a prior employer or at home in the past?
3. What are two specific examples of safety hazards you have seen either at your prior employer or in a social setting that were concerning to you?
4. What would you do at work if you were faced with a task or directive that you felt put yourself or another person at a safety risk?
5. What, in your opinion, is the number one thing you can do to assure you are safe at work?