

PLEASE NOTE: This application must be completely filled in. All requested information must be provided in order for your application to be considered.

POSITION APPLIED FOR:

SECTION A – Personal Information (PLEASE PRINT)

Name:	Last	First	MI	Social Security #:
Address:	No. & Street or RFD	City	State	Zip code
Home Telephone: ()	Business Telephone: ()		Ext:	
List county and state of residences over the last 10 years if different than above. _____				
<i>Please answer the following questions by marking the appropriate box. If you answer YES to questions 3, 4, 7, 8 and/or 9 give details on an attached sheet.</i>				
1. Do you have: <input type="checkbox"/> Relatives <input type="checkbox"/> Friends employed at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Department: _____				
2. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have the legal right to accept employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Except for adjudications as a youthful offender, wayward minor or juvenile delinquent, have you ever been found guilty of ANY misdemeanor, felony, offense or forfeited bail in any court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details on attached sheet. A conviction is not an automatic bar to employment. Each case is considered on individual merits. Are there any criminal charges currently pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Did you serve on active duty with the armed forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates: _____ Are you certified by the Veteran's Administration as a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Have you ever worked for NY State? <input type="checkbox"/> Yes <input type="checkbox"/> No Department: _____ Dates (From-to): _____ Position Title: _____ Status*: _____ * (P) Permanent (CP) Contingent Permanent (T) Temporary (PR) Provisional				
Were/are you a member of the NYS Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give Retirement System #: _____				
6. List other names under which your work records might appear _____				
7. Have you ever been discharged from any employment for reasons other than lack of work or funds, or have you ever resigned from employment in lieu of discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details on attached sheet.				
8. Have you ever been involved in a patient abuse, mistreatment and/or neglect investigation by any facility or state agency (e.g. Dept of Health, Child Abuse Registry, Dept. of Social Services)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details on attached sheet.				
9. Has your ability to be able to bill medicaid or medicare or other third party payors ever been revoked, suspended, curtailed or limited in any fashion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details on attached sheet.				

SECTION B – Education & Training (Attach additional sheets if necessary to give your complete background)

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes No

If you have a NYS High School Equivalency Diploma (GED) please provide:
Number- _____ Date Issued- _____

ADDITIONAL EDUCATION	NAME, ADDRESS & PHONE OF SCHOOL	ATTENDED (Month/Year) From To	DID YOU GRADUATE?	MAJOR SUBJECT	COLLEGE CREDITS	TYPE OF DEGREE RECEIVED
College, Univ. or Tech School			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Schools/ Special Courses			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

LICENSES - If you possess a license, certificate or other authorization to practice a trade or profession, complete the following section and attach copy.

Type of License	License #	Expiration Date	Granted by (Licensing Board)
	Registration #	Expiration Date	
Type of License	License #	Expiration Date	Granted by (Licensing Board)
	Registration #	Expiration Date	

List American Specialty Board Certification received: _____ List American Specialty Board eligibility: _____

SECTION C – Employment History (Begin with most recent employment and be sure to include any employment with NYS. List all previous employers. Add additional sheets if necessary. A resume may be substituted for this section if it provides essentially the same information.)

Dates From To	Employer Street Address City, State, Zip Code	Job Title and Duties Annual Salary: _____
# of hours worked / week	Reason for leaving	Supervisor's Name and Telephone #
Dates From To	Employer Street Address City, State, Zip Code	Job Title and Duties Annual Salary: _____
# of hours worked / week	Reason for leaving	Supervisor's Name and Telephone #
Dates From To	Employer Street Address City, State, Zip Code	Job Title and Duties Annual Salary: _____
# of hours worked / week	Reason for leaving	Supervisor's Name and Telephone #

SECTION D – References

May we contact your current employer(s)? Yes No

Provide names, addresses and telephone numbers of three references who are not related to you.

Name
Address
City, State, Zip
Telephone # ()

Name
Address
City, State, Zip
Telephone # ()

Name
Address
City, State, Zip
Telephone # ()

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

[required by Public Officers Law, Section 94.1 (d)]

The principal purpose for requesting this information is identification, merit employment systems management, payment, fiscal and demographic reporting. Failure to provide any or all of the requested information may affect your eligibility, compensation, and/or employment status. Information maintenance is permitted by NYS Civil Service, Fiscal, Retirement and Labor Laws & Rules; federal Social Security Law; NYS and federal Affirmative Action/EEO Laws and Rules; and NYS Executive Orders. The information will be maintained in the Personnel Record System by the Director of Human Resources Management of Helen Hayes Hospital, Rt 9W, W. Haverstraw, NY, 10993, telephone (845) 786-4213.

Information may be furnished directly or in summary or in statistical form to any NYS, local, or federal government having statutory authority to obtain it. Information stipulated by NYS Freedom of Information Law will be furnished as authorized by the DOH Records Access Officer. Each individual has the right to review personal information maintained by the agency unless exempted by law.

Note: Exposure to potentially hazardous substances may be involved with some positions. Candidates who accept appointment positions may be required to wear personal protective equipment, undergo pre-employment and periodic health evaluations and/or specific immunizations.

I hereby affirm that this application contains no misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and my appointment may be rescinded. I am also aware that a false statement is punishable under law by fine or imprisonment or both.

Signature

Date