

APPLICATION for EMPLOYMENT

Oak Orchard Community Health Center, Inc.
www.oakorchardhealth.org
 300 West Avenue
 Brockport, NY 14420

Please type or print in ink.

Today's Date: _____

Date Available: _____

Position(s) applying for: _____ Salary desired: _____

How did you hear of position?: Newspaper Website Friend Relative Other (Please List)

Availability: Full Time Part time Per Diem

Federal and State laws prohibit discrimination in employment practices because of race, creed, color, sex, national origin, age, marital status, sexual orientation, disability, citizenship, criminal record, religion and military status.

Name: _____
 (Last) (First) (Middle)

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

Email Address: _____

Telephone No: _____ Cell Phone: _____ Social Security No.: XXX-XX-_____

Are you legally eligible to work in the United States? Yes No

Have you ever been convicted of a crime (misdemeanor or felony)? Yes No

If yes, please explain and include date and location of the offense:

Education				
Name	Location	Course of Study	Degree Awarded	
High School				
College				
Other				

List any special skills or training you may have: _____

List any professional certificates or licenses held past or present including CNA: (give number, expiration date and state)

Has your license or certification in any state been restricted, suspended or revoked? Yes No

Is there any disciplinary action currently pending against your certification or license in any state? Yes No

If you have been issued a National Provider Identifier (NPI) and Taxonomy Code(s), please provide them:

Are you presently listed on the Office of The Inspector General (O.I.G.) and/or the General Services Administration (GSA) Exclusion from Federal Health Care Programs? _____

NURSING APPLICANTS ONLY: Have you had special training in any of the following: (Check all that apply)

Geriatrics Emergency Care Intensive Care CPR

Other (Specify): _____

Employment History

Have you ever been employed by Oak Orchard Community Health Center? Yes No

If yes, under what name: _____ When (approximately)? _____

May we contact your present employer? Yes No Not currently employed

List below all of your employment for the past (5) years, starting with your present or most recent employer.
(Do not state "Resume attached" in the table below. Please add employment history as requested)

Company	Complete Address/Telephone	Dates	Job Title	Salary	Reason for Leaving

Give two (2) professional references and one (1) personal reference:

Professional - (Name) (Address /Telephone) (Occupation)

Professional - (Name) (Address /Telephone) (Occupation)

Personal - (Name) (Address /Telephone) (Occupation)

List any friends or relatives who are employed at Oak Orchard Community Health Center: (Give name and relationship)

I hereby authorize any former employer, educational institution or other reference to furnish information and opinion to Oak Orchard Community Health Center (OOCHC) concerning my experience, character, etc. I hereby release all such persons and organizations from all liability for providing such information or opinions and hereby release OOCHC from all liability related to its use of such information or opinions.

I certify that the above statements are true and complete to the best of my knowledge and understand that any false statement, misrepresentation or omission may result in rejection of my application or, if employed, in my immediate discharge upon discovery thereof.

I understand that employment at OOCHC is subject to verification of references and proof of eligibility to work in the United States, and to passing a physical examination.

Signature: _____

Date: _____

VOLUNTARY EEO IDENTIFICATION FORM
Oak Orchard Health Center is an Equal Opportunity Employer

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. These pages are separated from your application immediately upon being received and is always kept confidential. This form is to be completed voluntarily and failure to do so will not have an effect on the application process.

Name: _____ Date: _____

Title of job to which you are qualified to apply: _____

Source of referral: (how did you learn of this job) _____

SEX: Male Female

ETHNIC GROUP:

Please check one:

- Hispanic or Latino – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups found below)
- Non-Hispanic/Latino (if this category is checked, please select from the racial groups found below)

RACIAL GROUPS: If Non-Hispanic/Latino was selected above, please check one of the race categories below.

- White (not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- Black or African American (not of Hispanic origin); All persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian *not Hispanic or Latino) – all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (not Hispanic or Latino) – all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment.
- Two or more Races (not Hispanic or Latino) – all persons who identify with more than one of the above races.

HANDICAPPED: Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s). Handicapped

DECLINE SELF IDENTIFICATOIN: If you do not wish to self- identify your gender, ethnicity, or race, please check the box below.

- I do not wish to self identify.

Signature: _____

How did you hear of our opening?

- Current Employee
- Newspaper Ad
- Recruiter
- Other - Explain Below:

VOLUNTARY VETERAN SELF-IDENTIFICATION

Federal contractors are required to implement affirmative action procedures in employing veterans from the three targeted groups identified below. Federal contractors also are required to report annually on the inclusion of veterans from these three groups in their current workforce and in their new hires. Current and prospective employees are requested to provide the information below so that our company can comply with these important federal mandates. Provision of the information requested below is voluntary and will be kept confidential by us. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only to support veterans' programs in accordance with the regulations implementing 38 U.S.C. 4212.

SPECIAL DISABLED VETERAN (check if either or both categories apply to you)

- A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at (a) thirty (30) percent or more, or (b) at ten or twenty (10 or 20) percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C. to have a serious employment handicap;

Or

- A veteran who was discharged or released from active duty because of a service-connected disability.

VETERAN OF THE VIETNAM-ERA (check if either or both that apply to you)

- A veteran who served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975 in all other cases;

Or

- A veteran who was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 6, 1964 and May 7, 1975 in all other cases.

OTHER VETERANS (check if either or both categories apply to you)

- A veteran with active duty service at any point between December 7, 1941 and April 28, 1952

Or

- A veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. A veteran qualifies under this criterion ONLY based upon military service IN the identified campaign or expedition and NOT simply based any military service during the time of the campaign or expedition. The campaign badges, service medal, and expeditionary medals that qualify under this criterion will be listed on the veteran's "Armed Forces of the U.S. Report of Transfer or Discharge," commonly known as the "DD-214" If the veteran meets this criterion. For additional help in determining this qualification, please go to:

<http://www.opm.gov/veterans/html/vgmedal2.htm>

List Campaign(s) you served in: _____

NEWLY SEPARATED VETERANS

- A veteran discharged or released from active duty within the last one year period.
- Date of release from service: _____
-

DECLINE SELF IDENTIFICATOIN: If you do not wish to self- identify your gender, ethnicity, or race, please check the box below.

I do not wish to self identify.

Signature: _____

How did you hear of our opening?

Current Employee Newspaper Ad Recruiter Other - Explain Below:
