

APPLICATION FOR EMPLOYMENT NIAGARA LUTHERAN HEALTH SYSTEM

Jan-19

**Our Mission is to provide for the physical, social, and spiritual needs of the individual we serve, in a Christian environment.
Our Values include: Responsibility, Compassion, Respect, Integrity, and Commitment.**

It is the policy of our company not to discriminate due to race, color, gender, creed, national origin (ancestry), age, marital status, religion, disability, veteran's status, sexual orientation, gender identity, gender expression, or any other status protected by law.

Name (Last, First & MI)	Social Security Number	Application Date
Address (No., Street, City or Town, State & Zip Code)	Home Telephone Number () ()	Work Telephone Number () ()
How did you hear about us?	If referred, name of Employee:	
Position You Are Applying For:	Date Available to Work	Salary Requirement
Full-Time () Part-Time ()	Shift Desired: () Days () Evenings () Nights	
Yes No () () Have you been previously employed by any of the facilities within our organization? () () Have you ever worked for any of our facilities under a different name? If Yes, what name? _____ () () Are you legally eligible to work in the United States? () () Are you at least 18 years of age? () () If not 18, do you have working papers? () () Have you ever been convicted of a crime? * If Yes, provide details: _____ () () Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? If not, what accommodation could be made to enable you to perform in this position? _____		
Please complete this section only if this position requires the use of a company car or driving a vehicle for company business.		
Operator's License Number	License State	Please list any moving motor vehicle violations incurred within the last 3 years
EDUCATIONAL HISTORY		
Name and Location of High School		Circle Highest Grade Completed: 9 10 11 12 GED
Name and Location of College		
If degree is in progress, number of credits completed:		If completed, what degree was granted and Major Course of Study
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Professional Designations (Name of Program(s) / Designation(s))		
Have you received any additional training relevant to the position applying for?		
Remarks/Skills: List any additional skills - keyboarding (WPM), computer equipment used, software, languages, etc.		
MILITARY SERVICE RECORD		
Yes No		
() () Were you in the U.S. armed forces?		
() () Did you receive any training that might be relevant to the position for which you are applying? If Yes, provide details:		

*Note: Criminal background checks are conducted on all applicants. A conviction record will not necessarily be a bar to employment. Factors such as age and date of the offense, nature and seriousness of the violation or offense, and rehabilitation will be taken into account.

(Over)

Please list your last three employers or ten years of employment.

EMPLOYMENT HISTORY - List your present or most recent employer first.			
Company Name		From:	To:
Address (No., Street, City or Town, State & Zip Code)		Telephone Number and Extension ()	
Last Position Held	Starting Annual Base Salary	Final Annual Base Salary	Supervisor's Name
Duties Performed			
Reason for Leaving			
May We Contact This Employer? () Yes () No			

Company Name		From:	To:
Address (No., Street, City or Town, State & Zip Code)		Telephone Number and Extension ()	
Last Position Held	Starting Annual Base Salary	Final Annual Base Salary	Supervisor's Name
Duties Performed			
Reason for Leaving			
May We Contact This Employer? () Yes () No			

Company Name		From:	To:
Address (No., Street, City or Town, State & Zip Code)		Telephone Number and Extension ()	
Last Position Held	Starting Annual Base Salary	Final Annual Base Salary	Supervisor's Name
Duties Performed			
Reason for Leaving			
May We Contact This Employer? () Yes () No			

REFERENCES

Please provide the names of 3 individuals other than relatives (e.g., former supervisors, teachers, professors, etc.) who can discuss your qualifications for a position with us.

Name	Address	Telephone	Occupation	Years Known
1				
2				
3				

List **ALL** health care employers that you have worked for over the past ten years:

Yes No
 () () Are you currently registered, licensed, or certified by any state?
 If "Yes" please list:

State Issued _____	Type _____	Number _____	Exp. Date _____
State Issued _____	Type _____	Number _____	Exp. Date _____
State Issued _____	Type _____	Number _____	Exp. Date _____

Please read carefully prior to signing the bottom of this application.

I certify that the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that any misstatements or omission of information on this application would be sufficient cause for and may result in the rejection of this application or dismissal from employment. I understand that neither this application nor an offer of employment creates a contract of employment between me and the facility. I further understand that my employment can be terminated at any time for any reason with or without cause by me or the facility. I understand I will be required to complete a 90 day introductory period. I know that the facility will investigate my statements and agree that it may obtain any additional information it considers useful in deciding whether to employ me. I have read and understand the company's mission and values.

_____ Applicant's Signature

_____ Date