





PLEASE COMPLETE AS FULLY AS POSSIBLE

<b>11. EDUCATION:</b> Circle highest year completed in Grammar, Junior High or High School. 1 2 3 4 5 6 7 8 9 10 11 12	<b>DO NOT WRITE IN THIS SPACE</b>  CHECKED BY:
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Have you graduated from High School?  YES  NO If yes, name and location of High School

If you have a High School equivalency diploma, indicate: Issuing Governmental Authority	Number	Date of Issue
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	Name of School and City in Which Located	Dates of Attendance (Month and Year)		Day or Night	Full or Part-Time	No. of Years Credited	Were You Graduated?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Rec'd. or Expected
		From	To								
College, University, Professional or Technical School											
Other Schools or Special Courses											

**12. LICENSES:** If a license, certificate or other authorization to practice a trade or profession is a requirement for this position to which you are applying, complete the following question. If not currently licensed, check this box.

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)	

**13. WORKING EXPERIENCE:** Describe in detail below your previous employment. Volunteer experience should be documented. A resume will not be accepted as a substitute for completion of this section. A resume may be attached if desired. Omissions or vagueness will not be resolved in your favor.

Length of Employment From: (Mo./Yr.) To: (Mo./Yr.)	Firm (A)	Address & Telephone	City and State
Exact Title	Describe Duties		
Name of Your Supervisor			
Supervisor's Title			
No. of Hours Worked per Week			
Reason For Leaving			

Length of Employment From: (Mo./Yr.) To: (Mo./Yr.)	Firm (B)	Address & Telephone	City and State
Exact Title	Describe Duties		
Name of Your Supervisor			
Supervisor's Title			
No. of Hours Worked per Week			
Reason For Leaving			

Length of Employment From: (Mo./Yr.)   To: (Mo./Yr.)		Firm (C)	Address & Telephone	City and State
Exact Title		Describe Duties		
Name of Your Supervisor				
Supervisor's Title				
No. of Hours Worked per Week				
Reason For Leaving				

Length of Employment From: (Mo./Yr.)   To: (Mo./Yr.)		Firm (D)	Address & Telephone	City and State
Exact Title		Describe Duties		
Name of Your Supervisor				
Supervisor's Title				
No. of Hours Worked per Week				
Reason For Leaving				

<b>14. PERSONAL REFERENCES:</b>	
Name	Telephone
Address	
Name	Telephone
Address	
Name	Telephone
Address	

If more space is needed to describe your work experience, please attach additional sheets.

Have you any objections to our contacting your previous or current employers?  YES  NO If yes, which employer(s) do you not want contacted? \_\_\_\_\_

**Mail or Deliver To:**

**ONEIDA HEALTHCARE  
HUMAN RESOURCES  
321 GENESEE STREET  
ONEIDA, NEW YORK 13421**

**You Can Apply Online At: [www.oneidahealthcare.org](http://www.oneidahealthcare.org)**

*An Equal Opportunity Employer*

**APPLICANT: PLEASE COMPLETE ALL FOUR SECTIONS ON THIS SHEET!**



**APPLICANT'S AUTHORIZATION**

I hereby authorize Oneida Healthcare to make inquiry of my former employers, educational institutions, and references regarding my suitability for employment. I do unconditionally release Oneida Healthcare, my former employers, educational institutions, and references from all liability for any damage whatsoever for issuing such information or utilization of such information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**ATTENTION**

If you are under 18 years of age, you are required to provide proof of employment eligibility (working papers) from your home school at time of application submission.

**ACKNOWLEDGMENT OF PRE-EMPLOYMENT**

**DRUG SCREENING POLICY**

I understand that any offer of employment will be conditional upon me successfully passing a urine drug screen for amphetamines, cocaine, opiates, marijuana, and phencyclidine, before I begin employment at Oneida Healthcare. I further understand that a positive drug test or refusal to take a drug test will mean that an offer of employment to me will be withdrawn.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**HEALTHCARE EMPLOYMENT SCREENING**

**DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with  
**Oneida Healthcare**

I hereby fully release and discharge you, Healthcare Employment Screening (HES) and Commercial Investigations, their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or HES from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I have been provided a copy of the summary of the rights of the consumer pursuant to Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to FCRA. **I hereby authorize and give my consent to the above company for the procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract period).**

In connection with my application for employment (including contract for services) with you, I understand that an investigative consumer report and consumer reports which may contain public record information may be requested from either HEALTHCARE EMPLOYMENT SCREENING, 4500 S. 129th E. Ave. Suite 200, Tulsa, OK 74134-5885 or Commercial Investigations (518) 271-7546. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, any information relating to my character, general reputation, personal characteristics, mode of living, educational background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning such items of information. I further understand that such reports may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. I also understand that Oneida Healthcare may verify any licences, certifications, or other credentials I possess.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date