



www.oswegohealth.org

- Oswego Hospital** • 110 W. 6th Street
Oswego, NY • 13126 • 315-349-5553 (Including Behavioral Services)
- Springside at Seneca Hill** • 10 Co. Rte 45A
Oswego, NY • 13126 • 315-343-5658
- The Manor at Seneca Hill** • 20 Manor Dr.
Oswego, NY • 13126 • 315-349-5300

Employment Application

An Equal Opportunity Employer
Affirmative Action Employer

Last Name: _____

Position Applying For:		2nd Choice:		Date Available:	
Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary	Shift Preference: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	Are you willing to rotate shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PERSONAL INFORMATION:

Last Name:	First Name:	Middle Initial:
Street Address:	City:	State: Zip:
Home Phone:	Alternate Phone:	
E-Mail Address:	Social Security Number:	

How were you referred to Oswego Health? Walk-in Advertisement: _____ Job Fair: _____
Please specify. Other: _____

Have you ever worked for Oswego Health? Yes No When? _____ Position? _____

Except for minor traffic violations or violations as a Youthful Offender;
 Are you now under charges for violation of law? Yes No
 Were you convicted of any violation of law? Yes No
 If you answered "Yes" to either of the above, give particulars and disposition of each charge:

First Name: _____

Charges and/or convictions will not necessarily exclude you from employment.

Hire is subject to verification that applicant meets legal age and U.S. work permit requirements.
 Have you the legal right to work in the United States? Yes No

U.S. Military Status: Are you a veteran? Yes No Length of service: _____ to _____
 Are you presently a member of the Reserve or National Guard? Yes No

EDUCATION:	Name, City, State	Degree / Diploma Type	Date
High School			
College			
College			
Graduate School			
Business, Trade or Other			

Date: _____

SKILLS:

Keyboard WPM

PC Skills (specify)

Please list any other special training, skill and experience:

For Office Use Only



EMPLOYMENT HISTORY:				
Most recent/current Employer	Position	Address	Phone	
Supervisor	Salary	Dates of Employment	Reason for Leaving	
Job Duties				
Employer	Position	Address	Phone	
Supervisor	Salary	Dates of Employment	Reason for Leaving	
Job Duties				
Employer	Position	Address	Phone	
Supervisor	Salary	Dates of Employment	Reason for Leaving	
Job Duties				
Employer	Position	Address	Phone	
Supervisor	Salary	Dates of Employment	Reason for Leaving	
Job Duties				
REFERENCES – Give the names of professional references, not related to you , who may be contacted.				
Name	Address	Phone	Business	Years Acquainted
May we request references from : Your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Your former employer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>I understand, if employed, I will be subject to an introductory period and continued employment will be contingent on satisfactory completion of that introductory period. I further understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without notice, with or without cause.</p> <p>I understand that any false statement made by me on this application may prevent my employment or may be cause for discharge if hired.</p> <p>I further understand that I must meet the health standards required by the Department of Health as a condition of initial and continued employment which will be determined by a physical examination by Employee Health Services.</p> <p>It is the policy of Oswego Health to recruit, hire, and promote qualified applicants without regard to race, color, religion, sex, age, national origin, handicap, veteran status or other areas covered by federal, state, or local fair employment laws and regulations.</p>				
Signature			Date	
TO BE COMPLETED BY APPLICANT:				
Authorization slip:				
I have applied for a position at the above indicated facility. I hereby authorize the release of any educational information and/or any information regarding my job performance to Oswego Health and its affiliates. My records are listed under the following name(s):				
Signature			Social Security No.	
This application is considered current for 1 year only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application.				