



# APPLICATION

Welcome to Little Falls Hospital (LFH). We appreciate your interest in our organization. We encourage you to provide all information requested on this application. We are an equal employment opportunity employer. Candidates are chosen on the basis of ability without regard to race, color, sex, age, religion, creed, national origin or ancestry, citizenship, sexual orientation, physical or mental disability, gender identity or expression (including transgender status), marital status, military or veteran status, genetic predisposition or carrier status, status as a domestic violence victim, familial status, or any other status protected by law. Any applicant requiring an accommodation to participate in the application or interview process should notify Human Resources.

Position Applying for:	Full time / Part time / Per diem (Circle)	Application Date:
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## PERSONAL DATA

Last Name:	First Name	Middle Initial	
Current Mailing Address:	City:	State:	Zip:
Preferred Contact Phone Number:	E-mail Address:		
How did you hear about this opportunity?			
Have you ever been employed by LFH? <b>YES</b> <b>NO</b> If yes, when and for what position:			
Did a LFH employee refer you for this position? <b>YES</b> <b>NO</b> If yes, please provide the name of the employee who referred you to us:			
Are you legally authorized to work in the United States? <b>YES</b> <b>NO</b> <b>Please note; you will be required to furnish proof of lawful work status if you are extended a job offer.</b>			
Are you under the age of 18? <b>YES</b> <b>NO</b>			
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B, TN, etc.)? <b>YES</b> <b>NO</b>			

## EMPLOYMENT HISTORY

Please provide your employment history, beginning with your present or last employer. Please document all employment including military service, if applicable. **Use additional sheets if necessary.**

Employer Name:	Address:		
Employer Telephone:	Final Salary:	Status (Full time, Part time, Per diem):	
Starting Date (Mo. Yr.):	Title Held:		
Leaving Date: (Mo. Yr.):	Supervisor Name:		
Explain reason for leaving:			



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Explain reason for leaving:		

We will not contact the employers listed above unless an offer is made and a Background Consent Form is completed.

### EDUCATION

School	Name and Address	Course of Study, Major and/or Concentration	Degree/Certification Awarded	Graduated (Circle)
High School				Yes / No
College/University				Yes / No
Graduate School, Business or Vocational School				Yes / No



**PROFESSIONAL LICENSES, REGISTRATIONS, CERTIFICATIONS**

License, Registration, Certification	Number (if applicable)	Issuing State (if applicable)	Issue Date	Expiration Date	Active/Expired (Circle)
					Active / Expired
					Active / Expired
					Active / Expired

Have any of your licenses, registrations, or certifications ever been restricted, revoked, or suspended, or is any disciplinary action currently pending against your license, registration, or certification? **Yes No**

**If yes, please explain:**

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

**If yes, please attach a full description, including the date(s) and nature of the conviction(s).** Please note: *A prior conviction may or may not preclude employment. LFH will evaluate the nature of criminal offense, its relationship to the position sought, and other lawful factors. Failure to disclose a prior conviction is considered falsification of the employment application and will result in denial of employment.*

Are you currently listed on the Office of Inspector General (O.I.G.) or General Services Administration (“GSA”) exclusion list from Federal Health Care Programs? **Yes No**

**AFFIRMATION, AUTHORIZATION, AND RELEASE**

I hereby certify that the information provided above in my application for employment is true and complete to the best of my knowledge. I understand that any false statement, misrepresentation, or omission of facts on my application may result in rejection of my application or, if employed, immediate termination of employment without notice.

I understand that employment at Little Falls Hospital is subject to proof of eligibility to work in the United States, providing a valid record of applicable immunizations and passing a physical examination, as required by the Public Health Law, satisfactory references and appropriate credentialing, if applicable. I also understand that employment at Little Falls Hospital is subject to a criminal background check and drug screen.

I understand that, as part of the application process, Little Falls Hospital will verify my education, employment history, licensure, and other items on this application. I authorize the employers, educational institutions, and references named above to provide Little Falls Hospital with information and opinions concerning my educational background, previous work experience, and work-related qualifications, behavior, and character. I understand that Little Falls Hospital will use the information and opinions disclosed by these organizations and individuals to evaluate my suitability for employment, and that information and opinions provided may include both favorable and unfavorable material. I hereby release each individual reference and each of my current and former educators and employers, and their respective agents and employees, from any and all claims and liabilities related to the information and opinions they provide to Little Falls Hospital, and I hereby release Little Falls Hospital, its employees and agents, from all claims and liabilities related to its use of the information and opinions provided.

I understand if I am hired by Little Falls Hospital, my employment is terminable at will, with or without cause, based on the employment needs of Little Falls Hospital.

Applicant Signature:	Date:
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