

Job Title: _____

1st Choice: _____

2nd Choice: _____

Salary Requirements: \$ _____

Are you at least 18 years of age? Yes No

Are you authorized to work in the United States? ... Yes No

Answering yes to the following questions will **NOT** automatically disqualify you as a candidate.

Have you been convicted of or plead guilty to any offense? Yes No

If yes, explain all convictions: _____

Do you have any criminal charges pending at the current time? Yes No

If yes, explain: _____

Have you ever been:

Convicted of any offenses related to the delivery of service under Medicare or other federal or state health care programs? Yes No

Excluded from Medicare or other federal/state health care programs? Yes No

Assessed a penalty for the violation of any law in connection with Medicare or other federal/state health care programs? Yes No

Entered into a settlement agreement relating to an alleged violation of any law in connection with Medicare or other federal/state health care programs? Yes No

Debarred or suspended from participation in federal contracts or programs? Yes No

Subject to a debarment, suspension or exclusion proceedings? Yes No

Have you defaulted on any Federal Student Loans? Yes No

If yes answered to any of the above questions, please explain: _____

SPECIAL SKILLS AND QUALIFICATIONS

Please list any special training or skills you have and how these were obtained. (Include volunteer work, internships, on-the-job training, etc. DO NOT report any information disclosing national origin, religious affiliation, or other protected categories.)

Do you currently have or have you applied for a professional certification or registration? YES NO

If so, for what profession? _____

Are you certified or registered? YES NO

If so, in which state? _____

Date of Certification, Registration, or Application: _____

Number of Certification, Registration: _____

Is there any pending disciplinary action? YES NO

If yes, explain: _____

Other

Do you have reliable transportation? YES NO

Please indicate any further information which you feel would be of value to us in considering your application: _____

To ensure compliance with the Nepotism policy, please give the name of any relative(s) currently working at the University of Rochester or Strong Memorial Hospital. Please also list the department they work for:

Name: _____

Department: _____

Are you able to work rotating shifts? YES NO

Are you able to work holidays? YES NO

What shifts are you available for? (Please check all that apply.)

Days Evenings Nights

Please indicate below all days available (include weekend availability, if applicable).

Availability

	MON	TUES	WED	THUR	FRI	SAT	SUN
From							
To							

EDUCATION

NAME OF SCHOOL	MAJOR OR PROGRAM	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE? (Y/N)	DEGREE OBTAINED
HIGH SCHOOL/GED (City / State)				
COLLEGE (City/State)				
COLLEGE (City/State)				
OTHER (City/State)				

EMPLOYMENT HISTORY

List the last four employers, starting with the present or most recent.

Please fill out this section completely, **IN ADDITION** to any resume you may be attaching.

Employer & Address	Supervisor's Name/Phone Number	Dates Mo./Yr.	Type of Position	Hourly Rate/ Salary	Reason for Leaving
1)		From To			
2)		From To			
3)		From To			
4)		From To			

WORK REFERENCES *(Please list only your previous supervisors; no personal references.)*

SUPERVISOR'S NAME / TITLE	ADDRESS & PHONE	COMPANY NAME
1)		
2)		
3)		

U.S. MILITARY (Please mark "n/a" if not applicable.)

I served in the _____ from _____ to _____
Branch of Service (Month/Day/Year) (Month/Day/Year)

If employment is offered, you will be required to produce documents establishing identity and authorization to work in the U.S. pursuant to the Immigration Reform and Control Act of 1986.

The University of Rochester is an equal opportunity employer. The University does not discriminate on the basis of race, creed, color, religion, national origin, citizenship, age, sex, sexual orientation, disability, marital status, veteran status, or any other status protected by law.

This application may be available for review by all divisions of the University of Rochester and will become a permanent record for those employed. Therefore, all questions must be answered in their entirety where applicable.

I hereby certify that the information herein is correct, and I understand that any misrepresentation, including omission of information, when discovered, will result in termination. I also understand that I may be required to complete a post-offer health assessment that may include a drug test. In addition, I authorize release of reference information by all past / present employers and educational institutions as well as references provided by me.

I understand that this application is neither a contract of employment nor an offer of a contract of employment, express or implied, between me and the University of Rochester. I further understand that if I should become employed by the University of Rochester, my employment shall be at will, which means that it may be terminated by me or by the organization at any time, for any reason or no reason, with or without notice.

Date _____ Applicant's Signature _____

Please do not write below this line.
For office use only

Position Code: _____ Pay/Salary Grade: _____ Position Title: _____

Rate of Pay: _____ Hr/Yr Time Status: F/T P/T TAR

Division: _____ Department: _____

Health Assessment OMP/UHS Date: _____ Orientation Date: _____ Hire Date: _____

HR Contact: _____ OIG Date: _____ GSA Date: _____ Checked by: _____

RBA CHECK COMPLETE _____ CNET Date: _____ PSV: _____