



JONES  
MEMORIAL HOSPITAL

# EMPLOYMENT APPLICATION

## Jones Memorial Hospital

191 North Main Street, Wellsville, New York 14895

jones.urmc.edu Phone: 585-593-1100 Fax 585-596-4122

| APPLICANT INFORMATION   |                                    |                             |   |      |                                   |                  |                              |                             |  |
|---|------------------------------------|-----------------------------|---|------|-----------------------------------|------------------|------------------------------|-----------------------------|--|
| Last Name   |                                    | First                       |   | M.I. |                                   | Date             |                              |                             |  |
| Street Address  |                                    |                             |   |      |                                   | Apartment/Unit # |                              |                             |  |
| City  |                                    |                             | State                                   |      |                                   | ZIP              |                              |                             |  |
| Phone Number  |                                    |                             | E-mail Address                          |      |                                   |                  |                              |                             |  |
| Date Available  |                                    |                             | Cell Phone Number                       |      |                                   |                  |                              |                             |  |
| Position Applied for  | First Choice:                      |                             |   |      | Second Choice:                    |                  |                              |                             |  |
| Do you have a legal right to live and work in the United States?  |                                    |                             |   |      |                                   |                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| If you are you not 18 years of age or older, can you provide a valid work authorization?  |                                    |                             |   |      |                                   |                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| Have you ever worked for us before?   | YES <input type="checkbox"/>       | NO <input type="checkbox"/> | If so, when?<br>Under a different name? |      |                                   |                  |                              |                             |  |
| Do you have any relatives who work here?  | YES <input type="checkbox"/>       | NO <input type="checkbox"/> | If yes, what area?                      |      |                                   |                  |                              |                             |  |
| Are you on a lay-off and subject to recall?   | YES <input type="checkbox"/>       | NO <input type="checkbox"/> | Are you collecting unemployment?        |      |                                   |                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| Will you accept   | Full time <input type="checkbox"/> |                             | Part time <input type="checkbox"/>      |      | Per Diem <input type="checkbox"/> |                  |                              |                             |  |
| Shifts available to work:   | Days <input type="checkbox"/>      |                             | Evenings <input type="checkbox"/>       |      | Nights <input type="checkbox"/>   |                  |                              |                             |  |
| Are you available to work weekends and holidays?  |                                    |                             |   |      |                                   |                  |                              |                             |  |
| EDUCATION   |                                    |                             |   |      |                                   |                  |                              |                             |  |
| High School   |                                    |                             | Address                                 |      |                                   |                  |                              |                             |  |
| Did you graduate?   | YES <input type="checkbox"/>       | NO <input type="checkbox"/> | Degree                                  |      |                                   |                  |                              |                             |  |
| College   |                                    |                             | Address                                 |      |                                   |                  |                              |                             |  |
| Did you graduate?   | YES <input type="checkbox"/>       | NO <input type="checkbox"/> | Degree                                  |      |                                   |                  |                              |                             |  |
| Other Special Training  |                                    |                             | Address                                 |      |                                   |                  |                              |                             |  |
| Did you graduate?   | YES <input type="checkbox"/>       | NO <input type="checkbox"/> | Degree                                  |      |                                   |                  |                              |                             |  |
| PROFESSIONAL LICENSE/REGISTRATION/CERTIFICATION   |                                    |                             |   |      |                                   |                  |                              |                             |  |
| Type:   | State Issued:                      |                             | Date:                                   |      | Reg. #                            |                  |                              |                             |  |
| Type:   | State Issued:                      |                             | Date:                                   |      | Reg. #                            |                  |                              |                             |  |
| Type:   | State Issued:                      |                             | Date:                                   |      | Reg. #                            |                  |                              |                             |  |
| Area of specialization or major interest:   |                                    |                             |   |      |                                   |                  |                              |                             |  |
| ADDITIONAL INFORMATION -- PLEASE GIVE DETAILS TO ANY "YES" ANSWERS ON A SEPARATE SHEET  |                                    |                             |   |      |                                   |                  |                              |                             |  |
| Have judgments or settlements been made against you in professional liability cases, or are there any pending?  |                                    |                             |   |      |                                   |                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| If a driver license is required for the job, have you ever or do you have pending any limitations, suspensions, or revocation of your license?  |                                    |                             |   |      |                                   |                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| Have you ever been convicted of a criminal offense related to healthcare or listed as debarred, excluded, sanctioned or otherwise deemed ineligible to participate in Medicare, Medicaid or any other federally funded program? |                                    |                             |   |      |                                   |                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |

| PREVIOUS EMPLOYMENT   |  |  |    |  |  |                    |  |                              |  | LIST LAST EMPLOYMENT FIRST  |  |          |    |  |  |  |  |  |  |
|---|--|--|----|--|--|--------------------|--|------------------------------|--|-----------------------------|--|----------|----|--|--|--|--|--|--|
| 1. Company  |  |  |    |  |  |                    |  |                              |  | Phone                       |  | (      ) |    |  |  |  |  |  |  |
| Address   |  |  |    |  |  |                    |  |                              |  | Supervisor                  |  |          |    |  |  |  |  |  |  |
| Job Title   |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| Responsibilities  |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| From  |  |  | To |  |  | Reason for Leaving |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| 2. Company  |  |  |    |  |  |                    |  |                              |  | Phone                       |  | (      ) |    |  |  |  |  |  |  |
| Address   |  |  |    |  |  |                    |  |                              |  | Supervisor                  |  |          |    |  |  |  |  |  |  |
| Job Title   |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| Responsibilities  |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| From  |  |  | To |  |  | Reason for Leaving |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| 3. Company  |  |  |    |  |  |                    |  |                              |  | Phone                       |  | (      ) |    |  |  |  |  |  |  |
| Address   |  |  |    |  |  |                    |  |                              |  | Supervisor                  |  |          |    |  |  |  |  |  |  |
| Job Title   |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| Responsibilities  |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| From  |  |  | To |  |  | Reason for Leaving |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| May we contact your current employer?   |  |  |    |  |  |                    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |          |    |  |  |  |  |  |  |
| May we contact your previous employers?   |  |  |    |  |  |                    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |          |    |  |  |  |  |  |  |
| Have you ever been discharged from an employer?   |  |  |    |  |  |                    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |          |    |  |  |  |  |  |  |
|   |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| MILITARY SERVICE  |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| Branch  |  |  |    |  |  |                    |  |                              |  | From                        |  |          | To |  |  |  |  |  |  |
| Rank at Discharge   |  |  |    |  |  |                    |  |                              |  | Type of Discharge           |  |          |    |  |  |  |  |  |  |
| If other than honorable, explain  |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
|   |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |
| <p><b>Jones Memorial Hospital is an equal opportunity employer and affords equal consideration to all qualified applicants for all positions without regard to race, color, creed, religion, ancestry, national origin, age, gender, sexual orientation, disability, marital status, military or veteran status, or any other status protected under local, state, or federal laws.</b></p> |  |  |    |  |  |                    |  |                              |  |                             |  |          |    |  |  |  |  |  |  |

| REFERENCES   |  |              |  |
|--|--|--------------|--|
| <i>Please list three <b>professional</b> references, <b>NO</b> friends, family members, or co-workers</i>  |  |              |  |
| 1. Full Name   |  | Relationship |  |
| Company  |  | Phone        |  |
| Address  |  |              |  |
| 2. Full Name   |  | Relationship |  |
| Company  |  | Phone        |  |
| Address  |  |              |  |
| 3. Full Name   |  | Relationship |  |
| Company  |  | Phone        |  |
| Address  |  |              |  |
| SIGNATURE  |  |              |  |
| <p>I hereby authorize Jones Memorial Hospital to contact and receive pertinent information from any employers, schools, law enforcement agencies, government and/or military agencies, credit organizations, and/or other persons or organizations who may aid the Hospital in determining my suitability for employment. I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information. Additionally, I waive all rights to see or review the information so furnished.</p> <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I understand that any false or misleading information furnished by me on this application, or in connection with my application for employment, may result in rejection of my application, or if employed by Jones Memorial Hospital in the termination of my employment. I further understand that all offers of employment are contingent on the successful completion of a job-related medical examination to determine if I am able to perform the essential function of the position, with or without reasonable accommodation.</p> <p>I understand that if I become employed by Jones Memorial Hospital, my employment will be voluntary, at-will employment, which means I will be free to resign at any time and Jones Memorial Hospital will be free to terminate the employment relationship at any time, with or without reason or notice.</p> |  |              |  |
| Signature  |  | Date         |  |
| <i>This application will be kept on file for six months.</i>   |  |              |  |

New York State Correction Law Article 23-A prohibits unfair discrimination against persons previously convicted of one or more criminal offenses. Factors such as, but not limited to, age and date of conviction, the seriousness and nature of the crime, rehabilitation, and relations of the crime to the job duties will be considered in determining whether a record of conviction will disqualify you from employment.

**HIRE INFORMATION -- APPLICANTS PLEASE DO NOT WRITE ON THIS PAGE**

|  |              |  |  |  |
|--|--------------|--|--|--|
| Name:  |              | Planned Start Date:  |  | ID#  |
| Position:  |              | Grade/Step:  |  | Pay Rate:                                    |
| Hours per Pay:   |              | Employment Type:   | <input type="checkbox"/> Full Time Regular   | <input type="checkbox"/> Full Time Temporary |
| FTE: (Divide hours by 80)  |              | <input type="checkbox"/> Part Time Regular                             | <input type="checkbox"/> Part Time Temporary |  |
| Shift:   | Cost Center: | <input type="checkbox"/> Hourly Position                               | <input type="checkbox"/> Salaried Position   |  |
| Prior Administrative Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No  |              | New Position? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, Previous Employee Name:               |  |
| Will this individual drive a hospital or his or her own vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, obtain a copy of driver's license and signed authorization AFTER offer of employment is accepted.</i> |              |  |  |  |
| Special Instructions:  |              |  |  |  |
| Status: Position offered by Human Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |  |  |  |
| Obtain Social Security # _____ <input type="checkbox"/> Accepted Position <input type="checkbox"/> Declined Position <input type="checkbox"/> Other (Explain)  |              |  |  |  |
| Actual Start Date:   |              |  |  |  |
| <b>ADMINISTRATIVE APPROVAL</b>   |              |  |  |  |
| <b>Department Manager:</b>   |              |  | <b>Date:</b>                                 |  |
| <b>Administrative Director:</b>  |              |  | <b>Date:</b>                                 |  |
| <b>Human Resources Director:</b>   |              |  | <b>Date:</b>                                 |  |
| <b>Administrative Vice President:</b>  |              |  | <b>Date:</b>                                 |  |
| <b>CEO:</b>  |              |  | <b>Date:</b>                                 |  |
|  |              |  |  |  |
| NOTES:   |              |  | Meditech Input:<br>Date & Initials           |  |



**Commitment to Coworkers**  
**Code of Conduct and Ethical Behavior**

As your coworker and with our shared goal of providing excellent patient care to our patients, I commit to the following:

- I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every other member of this team.
- I will talk to you promptly if I am having a problem with you. The only time I will discuss it with another person (director or coordinator) is when I need advice or help in deciding how to communicate with you appropriately.
- I will establish and maintain a relationship of functional trust with you and every other member of this team. My relationships with each of you will be equally respectful, regardless of job titles or levels of educational preparation.
- I will not engage in the “3 B’s” (bickering, back-biting and blaming). I will practice the “3 C’s” (caring, committing and collaborating) in my relationship with you and ask you to do the same with me.
- I will not complain about another team member and ask you not to as well. If I hear you doing so, I will ask you to talk to that person.
- I will accept you as you are today, forgiving past problems and ask you to do the same with me.
- I will be committed to finding solutions to problems rather than complaining about them or blaming someone for them or blaming someone for them, and ask you to do the same.
- I will affirm your contribution to quality patient care.
- I will remember that neither of us is perfect, and that human errors are opportunities, not for shame or guilt, but for forgiveness and growth.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

This page is intentionally left blank



Dear Applicant,

Thank you for choosing to pursue employment at Jones Memorial Hospital. As the primary acute care center serving the 50,000 residents of Allegany County, it is our mission to provide the best quality health care possible to each and every patient who comes to our services.

Please be assured that each application is reviewed and maintained in our files for 6 months. Applications are reviewed by the supervisor to determine the most appropriate individuals for open positions. Those applicants are then contacted for interviews.

We routinely field a high volume of employment inquiries. If you need to update important information such as employment history, contact phone/address, or education and training information, please submit a new application.

Please take a few minutes to review our Commitment to Coworkers on the reverse side. Jones Memorial Hospital is noted for its small town family-like atmosphere in which all patients are treated as members of our own families. The employees of JMH pride themselves on their compassionate service to each individual patient. Our standards of care are second to none.

Please let the Human Resources Department know if you have questions regarding the employment process at Jones Memorial Hospital. More information regarding our facility may be found on the web at [www.jones.urmc.edu.org](http://www.jones.urmc.edu.org).

Human Resources Department  
Phone 585-596-4019  
[jobsatjmh@URMC.Rochester.edu](mailto:jobsatjmh@URMC.Rochester.edu)



Jones Memorial Hospital is Smoke-Free Throughout...  
*INSIDE OR OUT*

191 North Main Street  
Wellsville, New York 14895  
(585) 593-1100 / [jones.urmc.edu](http://jones.urmc.edu)

## **PLEASE KEEP THIS PAGE FOR YOUR REFERENCE**

### **Jones Memorial Hospital** **COMMITMENT TO COWORKERS**

Jones Memorial Hospital employees, with a shared goal of providing excellent patient care to our patients, are expected to commit to and demonstrate the following:

- Accepting responsibility for establishing and maintaining healthy interpersonal relationships with co-workers and every other member of this team.
- Talking to coworkers promptly if I am having a problem with them. The only time I will discuss it with another person (director or coordinator) is when I need advice or help in deciding how to communicate with you appropriately.
- Establishing and maintaining a relationship of functional trust with coworkers and every other member of this team. My relationships with each coworker will be equally respectful, regardless of job titles or levels of educational preparation.
- Agreeing not to engage in the “3 B’s” (bickering, back-biting and blaming) instead practicing the “3 C’s” (caring, committing and collaborating) in relationship with coworkers and ask them to do the same with me.
- Agreeing not to complain about another team members and ask coworkers not to as well. If I hear coworkers doing so, I will ask them to talk to that person.
- Agreeing to accept coworkers as they are today, forgiving past problems and ask coworkers to do the same with me.
- Agreeing to be committed to finding solutions to problems rather than complaining about them or blaming someone for them, and to request coworkers do the same.
- Affirming coworker’s contribution to quality patient care.
- Remembering that neither of us is perfect, and human errors are opportunities, not for shame or guilt, but for forgiveness and growth.



**At Jones Memorial Hospital, we care about our patients,  
our community, our co-workers, and ourselves.  
We have a tradition of Quality, Commitment & Caring**