

ChaseHealth

P.O. Box 250
One Terrace Heights
New Berlin, N.Y. 13411

APPLICATION FOR EMPLOYMENT

Date _____

APPLICANT'S STATEMENT

I UNDERSTAND THAT ANY EMPLOYMENT BY THIS FACILITY WILL BE ON A 90 DAY PROBATIONARY BASIS. IF EMPLOYED, I AGREE TO ABIDE BY ITS RULES AND REGULATIONS. THE INFORMATION BELOW IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT DISCOVERY OF MISREPRESENTATION OR OMISSION OF FACTS HEREIN WILL BE CAUSE FOR IMMEDIATE DISMISSAL. I AUTHORIZE THIS FACILITY TO CONTACT ANY OF MY REFERENCES FOR FULL INFORMATION. I AGREE TO A PHYSICAL AT ANY TIME AT THE REQUEST OF THE AND AGREE THAT THE EXAMINING PHYSICIAN MAY DISCLOSE THE FINDING TO THIS FACILITY OR AN AUTHORIZED AGENT OF THIS FACILITY.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

Are you known to schools or references by another name? _____

Present Address _____

How long have you lived at the above address _____ Telephone # _____

Social Security # _____ Email _____

Are you over 70? Yes ___ No ___ Are you under 18? Yes ___ No ___

If under 18 years of age, do you have a work permit? Yes ___ No ___

Position(s) applied for: _____ Rate of pay expected _____ hourly

Days ___ Evenings ___ Nights ___ Part Time ___ Full Time ___

Will you have transportation to get to work on requested shift? Yes ___ No ___

Will you be able to work weekends and holidays? Yes ___ No ___

NYS Health Code requires proof of Rubella immunity/MMR and current physical examination including TB test before employment

What prompted you to apply to ChaseHealth for employment? _____

Were you previously employed by us? Yes ___ No ___ If yes, when? _____

List any friends and relatives (other than spouse) working for us: _____

Have you served in the armed forces of the United States? Yes ___ No ___

If yes, what Branch? _____ Rank at discharge _____

Have you ever been bonded? _____ If yes, on what job(s) _____

If your application is considered favorably, on what date will you be available to start work? _____

EDUCATION (circle grade completed) Name of School Location

High School 1 2 3 4 _____

College 1 2 3 4 5 6 7 _____

Other _____

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT:

| Name & Address of Employer | Dates From To | Salary | Job Title | Immediate Supervisor | Reason for Leaving |
|----------------------------|-----------------------|--------|-----------|-------------------------|-----------------------|
| 1. _____ _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ _____ | _____ | _____ | _____ | _____ | _____ |

Are you presently on Lay-Off and Subject to recall? Yes _____ No _____
 May we contact your present employer at this time? Yes _____ No _____

PERSONAL REFERENCES (Do not list employers, relatives, or clergy)

| NAME | ADDRESS | OCCUPATION | PHONE |
|----------|---------|------------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

DO NOT WRITE BELOW THIS LINE

COMMENTS: (For interviewer's use only)

Date _____ Signature _____

STARTING DATE _____ **DEPARTMENT** _____ **POSITION** _____ **RATE** _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed for bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn these rights.

- * You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- * You can find out what is in your file. At your request, a CRA must give you information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of the information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you with up to eight dollars.
- * You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The national CRA’s - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report to be notified of the change.
- * Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- * You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is in fact an error.
- * Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

EMPLOYMENT AT WILL

Employment with any of the ChaseHealth affiliates may be terminated for any reason, with or without cause or notice, at any time by the employer. Nothing in this Personnel Policy Manual or in any oral or written statement shall limit the right to terminate employment at will.

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607-847-7000
Fax: 607-847-6132

Applicant:

Please complete this form and return it with your completed application for employment.

I, _____, authorize ChaseHealth to contact my present and / previous employers and schools. I further authorize my former employers to give any information as to my character and work or school records, including employment dates and positions held. I hereby release from all liability and damages these individuals or companies providing such information.

Date _____ Signature _____

I was employed by _____ located at _____
Name of Company

Complete Address

from _____ to _____ in the capacity of
Start Date End Date

Position

During this period I was known by the name of _____

FORMER EMPLOYER: PLEASE VERIFY THE ABOVE INFORMATION