



Cooperstown Medical Center

Application for Employment

(Please Print Plainly)

Date: _____ Social Sec. # _____

Name: _____ Telephone Number: _____
Last First Middle Initial

Present Address: _____
Street City State Zip

Permanent Address: _____
(if different from above) Street City State Zip

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

Preferred Status: Full-time Part-time Casual Specify days and hours if part-time or casual: _____

Source of Referral: Newspaper Radio Current employee Word of mouth Other: _____

Are you 18 years of age or Older? Yes No Are you eligible to work in the United States? Yes No

List Volunteer or Community Service Positions (work) which you feel are related to the position for which you are applying:

Briefly state any special skills or qualifications you have which you feel are related to the position for which you are applying:

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

List any friends or relatives working for us: _____
Name Relationship
Name Relationship

Have you ever been convicted of a crime? Yes No If yes, describe in full: _____

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

Person to be notified in case of an emergency:
Name Telephone Number Relationship
Address City State Zip

Military Service Record

Were you in the Armed Forces? Yes No If yes, What Branch? _____

Dates Of Duty: _____ to _____ Rank at Discharge _____

List Duties in the service including, special training _____

Education Record

School	Name & Address of School	Course of Study/ Major	Circle last year Completed	Did you Graduate?	List Diploma or Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Record

(List All Present & Past Employment, Beginning with Most Recent)

Name, Address, & Phone No. of Company	Start Date & Salary	End Date & Salary	Position Title	Define the responsibilities of the position	Supervisors Name & Ph. No.	Reason for Leaving
1.						
2.						
3.						
4.						
5.						
6.						

May we contact the employers listed above? Yes No If No, indicate by number which one(s) you do not wish us to contact _____

Have you ever been bonded? Yes No If yes, on what jobs? _____

The Cooperstown Medical Center does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give the Cooperstown Medical Center the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporation supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by the Cooperstown Medical Center shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment maybe terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date