



APPLICATION *for employment*

325 COLUMBIA ST ♦ HUDSON NY 12534 ♦ 518.822.8820 ♦ fax 518.828-1479

CCCHC is an Equal Opportunity Employer and Smoke-Free Facility.

Please print clearly and answer all questions completely.

Date _____ Social Security # _____ - _____ - _____

Applicant _____

Mailing Address _____

Home Phone _____ Daytime Phone _____

Have you ever been convicted of, been given probation for or deferred adjudication of sentencing, or pleaded no contest for any offense other than a minor traffic violation OR are criminal charges against you currently pending? (A conviction will not necessary preclude employment.) YES NO

If YES, please explain _____

Position applied for _____

Date available to work _____ Are you 16 or older? _____

Indicate preference (use 1, 2, 3....)

Shift desired

Schedule desired

Days	Eves	Nights
Full-Time	Part-Time	Summer
Per Diem	Intern	Temporary

TRAINING	SCHOOL	CITY/STATE	YEARS COMPLETED	FROM -TO	MAJOR	DEGREE/CERTIFICATION
High School						
College						
Grad School						
Other Training						

PROFESSIONAL CREDENTIALS Occupation _____ Licensed Certified Registered

Has your license(s), certification(s) or registration(s) ever been subject to disciplinary action (such as suspension or revocation) OR are you under investigation which could result in disciplinary action with respect to your license(s), certification(s) or registration(s) YES NO

If YES, please explain _____

Do you currently have a valid driver's license? _____ State _____ License Number _____

*Driver applicants should also complete and sign a General Consent Form and provide a copy of their operator's license.

Tell us about yourself

OFFICE SKILLS (optional unless applying for a position which requires these skills) Check all that apply.

Typing Speed _____ wpm Medical Terminology Transcription from dictating equipment
 Word Processing Database Spreadsheet PC/Computer Software

Please specify software programs you work with _____

EMPLOYMENT HISTORY (START WITH MOST RECENT POSITION)

COMPANY _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ SUPERVISOR _____	Job Title _____ Last Salary _____ Duties _____ Reason for Leaving _____	From MO / YR To MO / YR
COMPANY _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ SUPERVISOR _____	Job Title _____ Last Salary _____ Duties _____ Reason for Leaving _____	From MO / YR To MO / YR
COMPANY _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ SUPERVISOR _____	Job Title _____ Last Salary _____ Duties _____ Reason for Leaving _____	From MO / YR To MO / YR

May we contact your current employer? YES NO

PERSONAL REFERENCES (Please provide at least 2 personal references)

Reference & Occupation _____ Address _____ Phone _____	Reference & Occupation _____ Address _____ Phone _____
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Have you ever been discharged (fired, laid off) from a job? YES NO If yes, please explain

(A yes answer does not automatically disqualify you from employment. The nature, date and type of job you apply for will be considered.)
Use this space to describe your interest in our organization, as well as aptitudes and skills you feel qualify you for a position. You may also include outside interests, goals, activities and training, which are related to the job for which you are applying.

PLEASE READ BEFORE SIGNING

I agree that the information contained in this application is true and correct. I understand that omission, misrepresentation or falsification of information is grounds for withdrawal of any job offer, or immediate discharge. I understand that employment is contingent upon receipt of satisfactory references and any post-offer licensure verification and proof of identity and authorization to work in the United States. The hiring of an employee shall not be considered as creating a contracted relationship between the employee and CCCHC. The relationship shall be defined as "employment at will" where either party may dissolve the relationship at any time at their sole discretion.

DATE

APPLICANT'S SIGNATURE