



Columbia County Community Healthcare Consortium
325 Columbia Street, Suite 200
Hudson, NY 12534
Phone 518-822-8820 Fax 518-828-1479

APPLICATION *for employment*

Equal Employment Opportunity has been, and will continue to be, a fundamental principle at the Columbia County Community Healthcare Consortium (CCCHC), where employment is based upon personal capabilities and qualifications without discrimination because of actual or perceived age, gender, race, religion, color, creed, national or ethnic origin, ancestry, marital status, veteran status, sexual orientation, pregnancy, disability status, genetic information, domestic violence victim, victim of stalking, or any other occupationally irrelevant status or criteria by law.

To fully evaluate a candidate, it is expected that each applicant will submit a complete and accurate application. Candidates that fail to complete any part of this application will not be considered for employment.

Date _____

Applicant _____

Mailing Address _____

Home Phone _____

Cellular Phone _____

Position applying for _____

Date available to work _____

How did you learn about this position? _____ Full Time ___ Part Time

To the best of your knowledge, do you currently have any relatives employed by the agency? ___ Yes ___ No

If yes, please identify the employee: _____

If hired would you be able to present evidence of your legal right to work in the United States? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: # of years completed (circle one) 1 2 3 4 **Diploma:** ___ Yes ___ No **G.E.D.:** ___ Yes ___ No

School(s) _____

City/State _____

College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4

School(s) _____

City/State _____

Major _____

Degrees Earned _____

Other Training or Degrees:

School(s) _____

City/State _____

Course _____

Degree or Certificate Earned _____

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 _____

DRIVER SPECIFIC SECTION:

If the position you are applying for requires driving a motor vehicle, please answer the following questions:

- 1) Do you have a valid driver’s license? _____YES _____NO
- 2) Have you been convicted of or pled guilty to any traffic-related offense within the past five years? ___YES ___NO
- 3) Have you had your driver’s license suspended or revoked, or had your driving privileges modified by a court of law? _____YES _____NO
- 4) Please list all states from which you hold or have held a driver’s license:

EMPLOYMENT HISTORY Please complete fully. A current resume may be attached but does not replace this section.

From (mo/year)	To (mo/year)	Employer Name/Address	Telephone
Job Title		Immediate supervisor and title	
Summarize the nature of work performed and job responsibilities			
Reason for leaving			
From (mo/year)	To (mo/year)	Employer Name/Address	Telephone
Job Title		Immediate supervisor and title	
Summarize the nature of work performed and job responsibilities			
Reason for leaving			
From (mo/year)	To (mo/year)	Employer Name/Address	Telephone
Job Title		Immediate supervisor and title	
Summarize the nature of work performed and job responsibilities			
Reason for leaving			
From (mo/year)	To (mo/year)	Employer Name/Address	Telephone
Job Title		Immediate supervisor and title	
Summarize the nature of work performed and job responsibilities			
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer Skills (please describe): _____

Do you authorize CCCHC to verify your work history? Yes No
If so, may we contact your current employer? Yes No
Have you ever been discharged or asked to resign from a job? Yes No
If yes, please explain _____

Have you ever worked for CCCHC before? Yes No
If so, what position and dates of employment _____

Professional References (Please provide at least 3 **professional** references)
References will be checked carefully and will influence the hiring process

Reference Name _____	Reference Name _____
Affiliation _____	Affiliation _____
Phone _____	Phone _____
E-mail _____	E-mail _____
Reference Name _____	Reference Name _____
Affiliation _____	Affiliation _____
Phone _____	Phone _____
E-mail _____	E-mail _____

Falsification or omission of information can lead to refusal to hire or discharge. By signing below I am attesting that all information contained in this employment application is true and accurate, to the best of my knowledge.

Signature

Date

Note: Applicants who supply their application to the office without a signature will be asked to sign before being interviewed for any position at the Healthcare Consortium.