

CALVARY HOSPITAL

1740 Eastchester Road, Bronx, New York 10461

(718) 518-2090 PHONE

Email: jobs@calvaryhospital.org

APPLICATION FOR EMPLOYMENT

Note: To be considered for employment, all sections of the application must be completed, signed and dated.

PLEASE PRINT

Position Applied For: _____ Date Submitted: _____

Last Name _____ First Name _____ Last 4 Digits of Social Security # _____

Present Address _____ Telephone # _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Personal Information

Are you 18 years of age or older? Yes: _____ No: _____ (If no, state age: _____) If under 18 you will need to provide a work permit.	How did you hear about Calvary Hospital employment opportunities? Advertisement: _____ Friend: _____ Website: _____ Walk in: _____ Employee: _____ Name of friend/employee: _____
Are you on the GSA/OIG or OMIG Exclusion lists? Yes: _____ No: _____ If yes, give details: _____ _____	

Position Applied For: _____
Shift Preferred: Day ____ Evening ____ Night ____ Full Time ____ Part Time ____ Per Diem ____
What date will you be available to begin employment? _____
Would you be interested in Temporary Employment? _____
Rate of pay expected? _____

Have you ever been employed at Calvary Hospital?

Yes: _____ No: _____

If yes, give dates: _____

EDUCATION:

Education	Name & Address	Did you graduate?	Diploma or Degree
High School/ GED _____		Yes _____ No _____	
College _____		Yes _____ No _____	
Other School _____		Yes _____ No _____	
Computer Skills: MS Office _____ Outlook _____ Other _____			

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

If Licensed, Registered or Certified:			
Type: _____	State Issued: _____	No. _____	
Type: _____	State Issued: _____	No. _____	
Type: _____	State Issued: _____	No. _____	

PREVIOUS WORK EXPERIENCE: (*List current position first*): Attach additional sheets if necessary

Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor: (not to obtain salary information)		Telephone No.:	
Reason for Leaving:			
Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor: (not to obtain salary information)		Telephone No.:	
Reason for Leaving:			

PREVIOUS WORK EXPERIENCE: (Continued)

Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor: (not to obtain salary information)		Telephone No.:	
Reason for Leaving:			
Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor: (not to obtain salary information)		Telephone No.:	
Reason for Leaving:			

List two (2) work related supervisor references for your past seven (7) years' employers who are not relatives:

Name & Relationship	Title	Company Name & Address	Telephone & E-Mail

Please check one of the following:

I Authorize Verification of all Information Given and not request salary information

I Authorize Verification of all Information **except from Present Employer** and not request salary information (Note: Current Employer will be called after candidate has given notice at current position)

Are you able to perform, with or without reasonable accommodation, all essential functions of the position for which you are applying? YES _____ NO _____

I understand that any false statement made by me in this application will be cause for my rejection or if hired, my dismissal. I also understand that, if offered a job, my employment is contingent upon successful completion of a physical examination given by the Employee Health Physician of this Hospital.

I understand that, if hired for any but a temporary job, my employment is not to be for any definite period of time and that, whether for a temporary or regular position, I am in any event to be an employee at will. Therefore, I understand that if hired, I may resign my employment and that the hospital may terminate my employment for a lawful reason.

After Calvary has extended a conditional offer of employment to you, New York City law permits the Hospital to inquire into whether you have a pending arrest or have a prior conviction record. If such inquiry results in Calvary's withdrawing its conditional offer of employment, before any adverse employment action based on an inquiry of the your arrest or conviction record, Calvary will provide you a written copy of the inquiry and a written copy of the analysis of the law pursuant to Article 23-A of the New York State Correction Law. The analysis will include the Hospital's reason(s) for taking adverse action against you and any supporting documentation and Calvary will give you at least four (4) business days to respond to the written analysis, holding your position open during that period.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

In all employment decisions including but not limited to recruitment, hiring, compensation, training, promotion, upgrading, demotion, downgrading, transfer, layoff, and termination, and all other terms and conditions of employment, Calvary Hospital does not discriminate against employees and applicants for employment on the basis of race, creed, color, national origin, gender(which also includes actual or perceived gender identity, self-image and appearance), age, disability or handicap, marital status or sexual orientation, genetic predisposition, alienage and citizenship status.

As an organization for charitable or educational purposes, which is operated, supervised or controlled by or in connection with a religious organization, we reserve the right to limit employment or give preference to persons of the same religion or denomination or to make such other selections as calculated by this organization to promote the religious principles for which it is maintained or established.

Signature of Applicant: _____ Date: _____