

## NOTICE TO APPLICANT BEING CONSIDERED FOR EMPLOYMENT

Good Samaritan Hospital has a firm commitment to providing a safe work place. Our commitment to our patients' and employees' health and safety requires that stringent safety standards be met. Therefore, it is our intention to provide and maintain a drug and alcohol-free environment in which to provide health services.

The routine physical examination that is given to all candidates for employment includes urine screening for the presence of drugs. If the physical examination establishes the use of a drug other than one legally used pursuant to a doctor's prescription or as directed over-the-counter, employment will be denied.

Employment candidates who are denied employment based upon the results of the drug tests will be given copies of the results of testing.

**I hereby authorize release to Good Samaritan Hospital the results of any drug screening tests I undergo pursuant to my application for employment with Good Samaritan Hospital.**

**I have read and understand the above notice as it relates to my application for employment with Good Samaritan Hospital.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**GOOD SAMARITAN HOSPITAL**  
Bon Secours Charity Health System

**REGIONAL MEDICAL CENTER**

**HUMAN RESOURCES DEPARTMENT**

255 LAFAYETTE AVE.  
SUFFERN, NY 10901-4869

## **APPLICATION FOR EMPLOYMENT**

GOOD SAMARITAN HOSPITAL

Thank you for placing an application with Good Samaritan Hospital.

Your application will be reviewed and you will be contacted by phone or mail,  
**If the hospital staff would like to arrange an interview.**

An application stays in our active file for 4 months.

A follow-up call is **not necessary** and can delay the recruitment process.

NAME - LAST		FIRST		MIDDLE		TODAY'S DATE			
ADDRESS - NO.				STREET				APARTMENT NUMBER	
CITY			STATE			ZIP CODE		HOW LONG AT THIS ADDRESS?	
PHONE NO. (INCL. AREA CODE) ( )		BUSINESS PHONE ( )			SOCIAL SECURITY NUMBER				
LAST PREVIOUS ADDRESS - NO. (IF LESS THAN 3 YRS.)		STREET		CITY		STATE		ZIP CODE	
ARE YOU 18 YEARS OF AGE OR OVER? IF NOT, STATE AGE			ARE YOU A U.S. CITIZEN OR DO YOU HAVE THE LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES?						
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO						

POSITION APPLIED FOR		SALARY DESIRED		DATE AVAILABLE TO START WORK	
HOW DID YOU LEARN OF THIS OPENING?		WORK AVAILABILITY SCHEDULE (PLEASE CHECK)			
HAVE YOU EVER APPLIED AT GOOD SAMARITAN HOSPITAL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN?		<input type="checkbox"/> DAYS <input type="checkbox"/> FULL TIME 37 1/2 MINIMUM HOURS WEEKLY <input type="checkbox"/> EVENINGS <input type="checkbox"/> PART TIME LESS THAN 37 1/2, BUT MORE THAN 18 3/4 <input type="checkbox"/> NIGHTS <input type="checkbox"/> PER DIEM: LESS THAN 18 3/4 HOURS WEEKLY <input type="checkbox"/> TEMPORARY <input type="checkbox"/> WKND <input type="checkbox"/> WKND ONLY			
FOR WHAT POSITION?		ADDITIONAL AVAILABILITY COMMENTS			
WERE YOU EVER EMPLOYED BY GOOD SAMARITAN HOSPITAL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES FROM: TO:					
DID YOU WORK HERE UNDER A DIFFERENT NAME? IF SO, WHAT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THIS STATE OR ANY OTHER JURISDICTION? (A "YES" ANSWER WILL NOT NECESSARILY PRECLUDE HIRE) <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, FOR WHAT, WHEN, AND WHERE?					

EDUCATION										
SCHOOL NAME	LOCATION	NO. YEARS ATTEN.	GRADUATED	YEAR GRAD.	MAJOR COURSE	DEGREE	DATE STARTED		DATE ENDED	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO							
COLLEGE - UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO				MO.	YR.	MO.	YR.
GRADUATE WORK			<input type="checkbox"/> YES <input type="checkbox"/> NO							
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO							
SCHOOL OF NURSING			<input type="checkbox"/> YES <input type="checkbox"/> NO							

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS			
NEW YORK LICENSE/ CERTIFICATION	DATE ISSUED	EXPIRATION DATE	IF NEW YORK LICENSE IS PENDING, GIVE DATE OF LAST CORRESPONDENCE WITH BOARD
LIST ALL STATES WHERE YOU CURRENTLY HOLD A LICENSE/CERTIFICATION:			

U.S. MILITARY SERVICE				
BRANCH OF SERVICE	SERIAL NUMBER	INDUCTED	DESCRIBE SPECIAL TRAINING DUTIES, ETC.	DISCHARGED

EMPLOYMENT HISTORY				
LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT POSITION				
NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED	POSITION AND BRIEF DESCRIPTION OF DUTIES	SUPERVISOR'S NAME	REASON FOR LEAVING
	FROM			
	TO		YOUR LAST SALARY	
MAY WE CONTACT FOR REFERENCE? IF NO, PLEASE EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO				
	FROM			
	TO		YOUR LAST SALARY	
MAY WE CONTACT FOR REFERENCE? IF NO, PLEASE EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO				
	FROM			
	TO		YOUR LAST SALARY	
MAY WE CONTACT FOR REFERENCE? IF NO, PLEASE EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO				
	FROM			
	TO		YOUR LAST SALARY	
MAY WE CONTACT FOR REFERENCE? IF NO, PLEASE EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO				
PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT				
DESCRIBE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THE HOSPITAL				

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

CERTIFICATION OF APPLICATION	
1. If I am employed I agree to abide by and observe all rules and regulations of the Hospital, and I understand that my employment is conditioned upon satisfactory replies from my references and favorable report upon my physical examination, and that final approval of employment is contingent upon successful completion of a minimum 90 day introductory period.	
2. I understand that no Dept. Head or representative of Good Samaritan Hospital, except the Director of Human Resources or Employment Manager, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.	
3. I understand that if I misrepresent any information on this application I will not be considered for employment, and, if I am employed I will be subject to immediate dismissal.	
SIGNATURE	DATE

SMOKE FREE INSTITUTION				
DO NOT WRITE BELOW THIS LINE				
EMPLOYEE NUMBER	POSITION TITLE	STARTING DATE	PHYSICAL DATES	ORIENTATION DATE
HOURLY RATE	BIWEEKLY HOURS	SALARY GRADE	COST CENTER	PREPLACEMENT PROCEDURE APPROVED
INTERVIEWED	DATE REFERRED TO			
SPECIAL CONDITIONS	SPECIAL PD. RATE		WORKING PAPERS	I-9

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