

**WYOMING COUNTY COMMUNITY HEALTH SYSTEM
400 NORTH MAIN STREET
WARSAW, NY 14569**

**PRE-EMPLOYMENT INQUIRY
An Equal Opportunity Employer**

The New York Human Rights Law prohibits discrimination in employment because of race, creed, color, national origin, age or sex.

Position(s) applying for: _____

Date available to start work: _____

Check all applicable:

- Full Time Part Time Days Evenings Nights Weekends
 Holidays Temporary Rotating Shifts High School Student Hours

Have you ever worked for this hospital before? _____ If so, when and under what name? _____

Name and relationship of relatives employed here: _____

How did you learn of the position that you are applying for? _____

SPECIAL SKILLS

Typing Speed: _____ Computer: _____

Any other special skills: _____

Professional Licenses and/or Certificates

Are you currently: Registered Licensed Certified

Eligible for: Registration Licensure Certification Permit

Professional References:

	<u>Name</u>	<u>Street Address (House Number)</u>	<u>City/State/Zip</u>	<u>Occupation</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Personal References (Not former employers or relatives)

	<u>Name</u>	<u>Street Address (House Number)</u>	<u>City/State/Zip</u>	<u>Occupation</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I certify that all my statements and representation in this application and pre-employment inquiry are true and correct and that I have not withheld any pertinent information. I understand and agree that any misrepresentation is sufficient cause for discharge if I am employed.

I authorize Wyoming County Community Health System to contact any schools, employers, law enforcement agencies and/or persons who may aid the Health System in determining my suitability for training and/or employment. I release those individuals and/or organizations contacted from liability whatsoever for issuing the requested information. Additionally, I waive all rights to see or review the information so furnished.

I understand that information from this application will be shared through several screening bodies.

Upon being offered employment, I consent to any and all medical examinations and if employed understand that continuance of my employment is contingent upon a favorable report from my physical examination. Upon termination of my employment, I authorize the release of reference information concerning my work.

I understand that any public divulgence of information concerning patient-doctor-hospital relations is grounds for immediate dismissal.

The Health System: May contact my present employer(s)
 May not contact my present employer(s)

I hereby authorize photocopies for this release form to be considered valid.

Signature: _____

Social Security Number: _____

Date: _____

WYOMING COUNTY HUMAN RESOURCES
338 N. Main Street
Warsaw NY 14569

EMPLOYMENT RECORD CHECK

I, _____, (including middle name, maiden name & any other names used) have been offered employment with **Wyoming County**. I understand there will be a pre-employment investigation conducted into my prior work history as well as any criminal convictions which may have an impact upon the particular job offered. I hereby release **Wyoming County** and the **Wyoming County Sheriff's Office** of any liability in such an investigation. I understand a criminal conviction may result in my immediate dismissal or rejection based upon a legitimate work related link with the particular job sought.

My Date of Birth is: ____ / ____ / ____, I was born in: _____
(City)

I now reside at: _____
(street address)
_____, _____, _____
(Township) (Post office) (State & zip code)

My Social Security Number is: _____ - _____ - _____

My Phone Number is: _____

My last place of employment was: _____

I AUTHORIZE THE WYOMING COUNTY SHERIFF'S OFFICE TO RELEASE ANY AND ALL INFORMATION THEY HAVE ABOUT ME TO THE WYOMING COUNTY HUMAN RESOURCE DEPARTMENT AND THE APPROPRIATE APPOINTING AUTHORITIES.

A copy of your driver's license must be attached to this form in order to be considered for employment.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Record Check: _____

Sex Offender Registry: ____ Yes ____ No / If yes, please provide (or attach) details:

By: _____ Date: _____