

Application for Employment

(Application instructions on back page)



www.lakesidehealth.org

Lakeside Health System (LHS) considers all candidates for employment without regard to race, creed, color, gender, national origin, age, marital status, sexual orientation, disability, citizenship, criminal record, religion and military status.

Personal Information (Please print in ink)

Name: _____ Date: _____ SS# (last four): XXX - XX - _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Alternate Number: (_____) _____

How did you learn of this position? Advertisement Employee Relative Friend Walk-In
 Lakeside Website Job Board Agency Other _____

Are you at least 18 years of age: YES NO If no, indicate your age: _____

Are you related to a current LHS employee? YES NO If yes, indicate their name: _____

Are you a citizen of the United States? YES NO If no, are you legally permitted to work in the U.S.? YES NO

Have you been previously employed by LHS? YES NO If yes, what dates did you work? _____

If previously employed by LHS, under what name were you employed: _____

If previously employed by LHS, where did you work? Hospital Care Center Child Care Center

List all other names used at previous employers: _____

Are you currently employed? YES NO If yes, may we contact your present employer? YES NO

Have you ever been convicted of a misdemeanor or felony? YES NO (Before answering, please review the explanation below. If, in light of the relevant explanation, your answer is "Yes", please explain in the space provided. A conviction will not automatically disqualify you from employment and your response will only be used in connection with evaluation of your application.)

Explanation Regarding Criminal Convictions: Do not respond "Yes" for a conviction that has been judicially annulled, expunged, sealed, or statutorily eradicated. You are not required to list youthful offender adjudications or convictions sealed pursuant to New York law. You need not disclose any arrest, detention or disposition regarding any violation of law in which no conviction resulted.

Job Interest

Position Desired: _____ Available Start Date: _____

Wage/Salary Requirement: _____ Employment Desired: Full-time Part-time Per-diem
Casual Temporary

Availability (check all that apply): Holidays Evening Shift Night Shift Overtime

Mon AM PM Tues AM PM Wed AM PM Thu AM PM Fri AM PM Sat AM PM Sun AM PM

Are you able to perform the essential duties of the job for which you are applying with or without reasonable accommodation? YES NO
(If you are unsure of the specific job duties required please contact the Human Resource office.)

References

Provide three (3) professional references who are not related to you. If you are unable to list three professional references, you may substitute personal and/or character references.

- | | | | |
|-----|-------|---------------|------------|
| 1.) | _____ | _____ | _____ |
| | Name | Address/phone | Occupation |
| 2.) | _____ | _____ | _____ |
| | Name | Address/phone | Occupation |
| 3.) | _____ | _____ | _____ |
| | Name | Address/phone | Occupation |

Please provide any additional information that you feel may be helpful in the consideration of your application:

Applicant's Statement

I understand this application is not a contract of employment. In the event I become employed by Lakeside Health System (LHS) I understand my employment is at-will and is not for a specified or definite term and that I may be discharged or I may resign at any time for any reason, with or without cause.

I certify that all answers provided herein are true and complete to the best of my knowledge. I understand the provision of false or misleading information or the omission of information on this application or given during an interview process could result in the rejection of my application or my termination if I become employed.

LHS, and/or its authorized agents may investigate any or all information I have provided on my application and/or resume including criminal convictions, education, and employment experience information. Such verification may take the form of an investigative consumer report whereby information is obtained through personal interviews with those able to verify the information I have provided as well as my character and general reputation. I will sign a consent form authorizing such verification, and my authorization will be valid until such time as I inform LHS in writing.

By my signature below I authorize all former schools, employers and other references to provide information and opinion to (LHS) relevant to my experience, character, etc. This includes dates of attendance, degrees earned, dates of employment, wages, reasons for leaving employment and any other information regarding my performance that may be requested by LHS. I release LHS and all parties providing information from any liability or claims for damages including libel, slander, and invasion of privacy that may result from the disclosure and use of this information.

I understand my employment at LHS is subject to verification of my proof of eligibility to work in the United States, the successful passing of a physical examination and drug test, the favorable result of a criminal background check and where applicable, confirmation of appropriate credentialing.

If employed, I understand I am required to abide by all rules and policies of Lakeside Health System.

Applicant Signature

Date



EMPLOYMENT APPLICATION INSTRUCTIONS

Drug screening is conducted as part of new-hire physicals. Lakeside Health System is a smoke-free organization and as such smoking is prohibited in buildings, on the grounds and in vehicles parked on LHS lots.

- 1.) Please print clearly.
- 2.) Applications are available online at www.lakesidehealth.org. Resumes may also be submitted by email to jobs@lakesidehealth.org.
- 3.) Complete all sections of the application (whether a resume is included or not).
- 4.) Return fully completed applications and the voluntary self-identification form in any of the following ways:
 - Submit at the main lobby volunteer desk
 - Submit at the Human Resource office Monday-Friday between 8:30a and 4:30p
 - Fax to Human Resources at (585) 395-6020
 - Mail to: Lakeside Health System/HR Office/156 West Ave/Brockport, NY 14420
- 5.) Please allow a minimum of two weeks for an application to be reviewed after it is submitted. **Applicants will be contacted for interviews if it's determined their qualifications and experience are appropriate matches to the job requirements.**
- 6.) All applications are retained on file for one year from the date of submission.
- 7.) If you are not selected to fill the position originally applied for and you become aware of another similar opportunity during the period your application is active, you may contact the LHS recruiter (585-395-6080) and request consideration for the new opening.



Lakeside Health System

Voluntary Self-Identification Data Form

Lakeside Health System has adopted a diversity initiative with regard to employment opportunities for qualified individuals. Please assist us in implementing this initiative by providing the information requested below. Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information you provide will only be used for equal employment/affirmative action recordkeeping and reporting. The information you provide is confidential and not available to hiring managers. Name and date are required however you can elect not to self-identify. Return this with your application.

Date: _____

Please check here if you choose not to self-identify:

Gender: Male Female

Race/ethnicity:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above six ethnic categories.

Veteran Status:

Vietnam Era Veteran Special Disabled Veteran Other Eligible Veteran Not a Veteran

Please indicate where you learned about an employment opportunity with this organization.

- | | |
|--|--|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Temporary service |
| <input type="checkbox"/> Employee referral | <input type="checkbox"/> State employment agency |
| <input type="checkbox"/> Recruiter | <input type="checkbox"/> Web site |
| <input type="checkbox"/> Tech school/college placement | <input type="checkbox"/> Other: _____ |