



Today's Date: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

1ST PREFERENCE

2ND PREFERENCE

Salary Desired: \$ \_\_\_\_\_ Per Hour/Week

**Answer all questions and complete all requested information. Do not fill in shaded areas.**

Name: _____			
<small>(OTHER SURNAMES USED)</small>			
Address: _____			
<small>STREET</small>			
_____			
<small>CITY</small>	<small>STATE</small>	<small>COUNTY</small>	<small>ZIP</small>
Telephone #: _____		Alternate Telephone #: _____	
Social Security #: _____			

Available to Work:       Full Time       Part Time (hours per week \_\_\_\_\_)       Temporary       Rotation  
(Check all that apply)       Days       Evenings       Nights       Weekdays       Weekends       Holidays

Date available to start work: \_\_\_\_\_ Shift Preference: \_\_\_\_\_

Have you ever been convicted of a crime?     NO     YES    If Yes, please explain: \_\_\_\_\_

Are you over 18 years of age?     NO     YES                      Are you legally eligible to work in the USA?     NO     YES

Have you ever worked for UMMC, St. Jerome Hospital, or Genesee Memorial Hospital?     NO     YES

If Yes, please give the name of the facility and position held: \_\_\_\_\_

How were you referred to UMMC?     Newspaper Ad     Walk In     Job Fair     School Placement Office  
 Job Service     Other: \_\_\_\_\_     UMMC Employee (Name: \_\_\_\_\_)

Are you related to anyone currently employed at United Memorial Medical Center?     NO     YES

If yes, give name and relationship: \_\_\_\_\_

United Memorial Medical Center is an equal opportunity employer. It is our policy to comply fully with all Federal, State and Local Laws. We do not discriminate against age, sex, race, disability, sexual orientation, ethnic origin, religion, veteran status or martial status.

— EDUCATION —

Highest degree completed:

- Grammar School   
  High School/GED   
  AAS   
  BA/BS   
  MS/MBA   
  MD/Ph.D.

LEVEL	SCHOOL NAME AND ADDRESS	GRADUATED	DEGREE	MAJOR	VERIFIED
High School		<input type="radio"/> Yes <input type="radio"/> No			
Technical School / College		<input type="radio"/> Yes <input type="radio"/> No			
College		<input type="radio"/> Yes <input type="radio"/> No			

— EMPLOYMENT/WORK HISTORY —

PLEASE GIVE: Information on your LAST FOUR EMPLOYERS or POSITIONS HELD, starting with the **most recent or current employer first**. Include any relevant volunteer or work study activities.

	COMPANY NAME AND ADDRESS	DATES EMPLOYED	SALARY	POSITION	REASON FOR LEAVING
1.					
2.					
3.					
4.					

— PROFESSIONAL LICENSE / CERTIFICATION / REGISTRATION —

Complete this section only if the position(s) you are applying for require a professional license, registration, or certification.

TYPE	STATE	NUMBER	EXPIRATION DATE	VERIFIED

— SKILLS/EQUIPMENT —

Please list any SKILLS OR EQUIPMENT UTILIZED relevant to the position(s) applied for:

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Office Machines:

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Typing Speed: \_\_\_\_\_ wpm    PC Software: \_\_\_\_\_

— APPLICANT CERTIFICATION —

I, hereby, represent that each answer to a question herein and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relate. I understand that any incorrect, incomplete or false statements of information furnished by me will subject me to discharge at any time. I authorize you to investigate any and all information given herein and release you from any and all ability and responsibility resulting from such investigation.

I understand and agree that if employed, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without previous notice, provided such action is not inconsistent with any collective bargaining agreement which my govern the wages and conditions of employment for the position in which I am employed. I understand that the organization reserves the right to unilaterally change or modify wages and conditions of employment at any time without previous notice, provided such are not subject to collective bargaining.

In compliance with the Fair Credit Reporting Act (Public Law 91-508), I understand that in connection with and in order to better evaluate this application for employment, information may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, modes of living, and credential verification. I also understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the report requested. I consent to any and all medical examinations required by the organization including tests conducted to detect substance abuse and understand that employment is dependent upon successful completion of a pre-employment physical examination. If employed, I understand that continuance of my employment is contingent upon a favorable report from my physical examination. I agree to abide by the policies, procedures and practices of United Memorial Medical Center.

Upon termination of my employment, I authorize the release of reference information concerning my work.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Applications are kept on file for one (1) year and may be updated at anytime. Applications are filed based on your first (1st) position preference.

**APPLICANTS: DON NOT COMPLETE THIS PAGE**

**HUMAN RESOURCES USE ONLY**

(to be completed upon employment)

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race:  Asian  Black or African American  Hispanic or Latino  American Indian/Alaskan Native  
 White  Native Hawaiian/Other Pacific Islander  Two or more races

Marital Status:  Divorce  Married  Single  Widowed  Other Sex:  Male  Female

Spouses Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Compliance Verification Date: \_\_\_\_\_ Signature: \_\_\_\_\_

License Verification Exp. Date: \_\_\_\_\_ Type: \_\_\_\_\_ Initials: \_\_\_\_\_

Employee #: \_\_\_\_\_ Parking Sticker #: \_\_\_\_\_ FOB #: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Badge No.: \_\_\_\_\_

Employment Status:  PT Non-Benefit Earning  PT Benefit Earning  Reg FT Benefit Earning  
 Per Diem  Temp. FT  Temp. PT

FTE Hours per Week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

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**PROFILES PAGE:**

Organization:  Finance  Support Svcs  Nsg  Exec  Com Rel  HR  IS  QM

Dept.: \_\_\_\_\_ Job Code: \_\_\_\_\_

Position: \_\_\_\_\_ Vice President: \_\_\_\_\_

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Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Keyed by: \_\_\_\_\_ Date: \_\_\_\_\_