



COLUMBIA MEMORIAL
HOSPITAL

Notice to Applicants

(please read before completing the Employment application)

We appreciate your interest in Columbia Memorial Hospital and in becoming a member of the Columbia Memorial Hospital team. The first thing you need to know is our mission, which is as follows:

The mission of Columbia Memorial Hospital is to provide our communities with high quality comprehensive health care services in a dignified and compassionate environment.

At Columbia Memorial Hospital our staff are committed to successfully carrying out our mission. In order to do this, we work together as a team. Each member of our team is expected to adhere to certain standards of excellence. Before filing an application for employment, please review the expectations listed below:

- Performance of all tasks in your job description in a competent and appropriate manner is required.
- Approach patients, family members, visitors and co-workers with warmth, caring, friendliness and cheer at all times. (The patient is always right!)
- A professional appearance at all times and full compliance with Columbia Memorial Hospital dress code is required. (Uniforms are required in certain departments; partial uniform is not acceptable.)
- A willingness to abide by all Hospital policies, including the Smoking Policy, which are strictly enforced. Smoking is prohibited within any building or on Hospital grounds. Failure to abide by the policy is grounds for immediate dismissal.

At Columbia Memorial Hospital, competence and caring go hand-in-hand; one without the other constitutes inadequate performance. Hospitalization can be an overwhelming experience for patients. With illness come many other problems; financial, family, prognosis for recovery, medical procedures and pain – the list goes on. It is the responsibility of every Columbia Memorial Hospital employee to provide patients and their family members with the best possible care and to make their stay with us as comfortable as possible.

Equal Employment Opportunity (EEO):

Columbia Memorial Hospital is an Equal Employment Opportunity / Affirmative Action Employer. It is the policy of the Hospital to insure equal employment opportunity in all personnel actions including, but not limited to, recruitment, selection and employment, training, promotion, transfer, compensation, work location, discharge, benefits, and all other conditions of employment.

This policy is to be administered without regard to race, gender, sexual orientation, religion, color, national origin, age, marital status, disability or political affiliations unless a bonafide occupational qualification exists.

At Columbia Memorial Hospital the patient is always right!

I have read, understood and agree with the above statement:

Signature

Date



Date of application: _____

Print in ink or type

Last name		First name		Middle initial
Social Security Number		Email address		
Number & street address ()		City	State	Zip code
Telephone number		Alternative number		

Position for which you are applying:

Position & department	Desired hourly salary	Date available
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Referral source: Advertisement (describe) Times Union Freeman Register Other Friend Relative Walk-in Job fair Other (describe) _____

I was referred by an employee of Columbia Memorial Hospital Yes No

If yes, please provide employee name _____
First name Last name

Please specify all shifts in which you are available to work:

- Full time Part time Per diem Summer only
- Days Evenings Nights Weekends only

Please specify in which location(s) you are available to work: Hudson Catskill Clinics

Personal information:

1. Are you legally eligible to work in the United States? Yes No

Proof of identity and citizenship or immigration status will be required upon employment.

2. Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

A conviction will not automatically disqualify you for this position. Individuals recommended for employment are subject to criminal background checks.

3. Are you related to any Columbia Memorial Hospital employees? Yes No

If yes: Name _____ Relationship _____ Department _____

4. Have you previously worked for Columbia Memorial Hospital? Yes No

If yes, list job titles and employment dates: _____

5. If you are under 18, do you have a work permit? Yes No

6. Are you a veteran of the US Military service? Yes No

If yes, what was your branch of US Military service? _____

7. Has your license / registration / certification ever been suspended or revoked? Yes No

8. Are you now or have you ever been excluded from Medicare? Yes No

If yes, please provide all information on a separate piece of paper.

High School attended _____ Location _____ Highest grade completed _____

Did you graduate? Yes No
 If no, do you have an equivalency diploma? (GED) Yes No

Name & address	Dates attended		Degree completed (BA, BS, MA, etc., or certificate)	Mo / Yr of degree or certificate	Major (& minor) field(s) of study
	From Mo/Yr	To Mo/Yr			
College					
Graduate work					
Other (i.e. business, secretarial, vocation, technical, military, etc.)					

Please list your professional memberships, certificates, designations, licenses, honors, awards, fellowships, etc.:

References

Please list three (3) personal references. They cannot be relatives or former supervisors.

Name	Name	Name
Address	Address	Address
Phone	Phone	Phone
Relationship	Relationship	Relationship

Employment history

List your work experience below, starting with your most recent, and give a complete accounting of your employment history. You may include applicable military and volunteer experience. Do not include experience gained as part of an education program for which you received credit. If you held more than one job with an employer, list each job separately. Attach a separate sheet if additional space is needed.

Employer _____

Address _____

Name & title of supervisor _____ Phone _____

Your title _____ Final salary _____ Reason for leaving _____

Job duties _____

From: _____
 Month / Day / Year

To: _____
 Month / Day / Year

Average # of hours worked per week: _____

Employer		
Address		
Name & title of supervisor		Phone
Your title	Final salary	Reason for leaving
Job duties		
From: _____		
Month / Day / Year		
To: _____		
Month / Day / Year		
Average # of hours worked per week: _____		

Employer		
Address		
Name & title of supervisor		Phone
Your title	Final salary	Reason for leaving
Job duties		
From: _____		
Month / Day / Year		
To: _____		
Month / Day / Year		
Average # of hours worked per week: _____		

Agreement

I understand that If employed by Columbia Memorial Hospital, I will be an employee-at-will, which means that I can voluntarily end my employment or be terminated at any time for any reason or no reason at all. No statement, whether written or oral, by a Hospital representative other than a written statement signed by the President or Chief Executive Officer may vary the foregoing. I give the Hospital permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by the Hospital. After a conditional offer of employment has been made, if requested by the Hospital, I agree to take a job-related medical examination at no personal expense and authorize the examining medical provider to disclose the findings to the Hospital. I understand that my offer of employment is conditional upon receipt of satisfactory references, satisfactory completion of such job related medical examinations, satisfactory background check and finger printing, if applicable.

I agree to provide truthful and complete responses to all inquiries in the application and interview process and understand that the discovery of any falsification or omission constitutes grounds for immediate dismissal. If employed, I will abide by the Hospital's rules and regulations, which I understand, are subject to change.

Signature of Applicant	Date
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Name of applicant _____

Telephone number _____ Alternative telephone number _____

Start date _____ Position title _____ Control number _____

Department _____ Dept. # _____ Position code _____

Supervisor _____ Office phone # _____

Salary base rate _____ Rate 2 _____ Rate 2 purpose _____

Status Full time Part time Per diem Rehire

Replacing _____

Temporary Yes No If yes, provide expected dates of employment

Shift Days Evening Nights Other (specify) _____

Budget hours bi-weekly _____ Sign on bonus \$ _____
Referral bonus \$ _____

Collective bargaining unit
 SEIU-Professional SEIU-Service / Tech NYSNA CSEA NBU

Additional comments concerning employment:

Department approval _____ Date _____

Administrative approval _____ Date _____

Human Resources approval _____ Date _____

Applicant - please sign and date in following area only:

I hereby authorize you to supply Columbia Memorial Hospital with the requested information.

Applicant's signature Date

Attn _____
Phone _____
Fax _____

Name of applicant _____
Position applied for _____
Name of reference _____
Employer _____
Phone _____
Address _____

The above named person has applied to us for the position indicated above. We would appreciate your answers to the following questions based on your professional and / or personal knowledge of this person. The information you supply will be held in strict confidence.

Dates of employment From _____ To _____ Salary _____
Position held _____ Reason for leaving _____

What is / was your relationship to applicant? _____
How long have you known the applicant? _____
Please comment on the applicant's knowledge and competence _____

Would you recommend the applicant for this position? Yes No
Why? _____

Would you rehire this person? Yes No
Why? _____

Please rate the applicant's ability and / or performance with regard to the following:

	Outstanding	Above Average	Average	Fair	Poor
Confidentiality of information					
Job knowledge					
Quantity of work					
Quality of work					
Cooperation					
Dependability					
Time & resource management					
Work independently					
Communicates effectively					
Working relationships					
Follow through					
Flexibility					
Attendance / Punctuality					

Additional comments _____

Director / Manager signature Title Date

Reference check

Applicant - please sign and date in following area only:

I hereby authorize you to supply Columbia Memorial Hospital with the requested information.

Applicant's signature Date

Attn _____
Phone _____
Fax _____

Name of applicant _____
Position applied for _____
Name of reference _____
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Phone _____
Address _____

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Work independently					
Communicates effectively					
Working relationships					
Follow through					
Flexibility					
Attendance / Punctuality					

Additional comments _____

Director / Manager signature Title Date

