

Employment Application

Please complete form by printing legibly in black or blue ink.
Answer each question as completely and accurately as possible.

STAFFCO OF BROOKLYN IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER AND COMPLIES WITH ALL FEDERAL, STATE AND LOCAL LAWS AND DOES NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF PROTECTED CLASSIFICATIONS.

Position Applying for: _____

Please check the Shifts/Schedules you are willing to work:

DAYS EVENINGS NIGHTS WEEKENDS FULL-TIME PART-TIME PER-DIEM

DEMOGRAPHICS

NAME: _____
(Last) (First) (M.I)

ADDRESS: _____
(Street) (Apt)

(City) (State) (Zip)

Telephone :(_____) Cell:(_____) Email: _____

Social Security Number:

X	X	X		X	X				
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Are you legally authorized to work in the U.S? YES NO

Will you now, or in the future, require sponsorship or visa status (e.g. H-1 visa status)? YES NO

Are you 18 years of age or older? YES NO

Should we know about your use of another name to be able to check your education or work record? YES NO

If you answered yes, please indicate your previous name(s): _____

HOW DID YOU HEAR ABOUT THE POSITION FOR WHICH YOU HAVE APPLIED?

Employee Referral Company Website Journal/Newspaper Job Fair/Convention
 Job Board (Specify site) _____ Other _____

STAFFCO/OTHER EMPLOYMENT

Are you currently employed by any of the StaffCo entities? If yes, specify below YES NO

_____ StaffCo of Brooklyn _____ Stony Brook Medicine Clinical Practice Management Plan (CPMP)

_____ Stony Brook Eastern Long Island Hospital _____ Stony Brook Southampton Hospital

Work status? ___ Full Time ___ Part Time ___ Per Diem ___ Temp ___ 2/3 Full Time ___ 3/5 Full Time ___ Other

Dates of employment at each location: _____

Do you have any relatives currently employed at any of the StaffCo entities? YES NO

If yes, please provide Name: _____ Relationship: _____

EDUCATION AND TRAINING

	NAME OF SCHOOL	ADDRESS	DID YOU GRADUATE?		TYPE OF DIPLOMA OR DEGREE
			YES	NO	
HIGH SCHOOL					
BUSINESS OR TECHNICAL					
COLLEGE OR UNIVERSITY					
POST GRADUATE STUDIES					
HIGH SCHOOL EQUIVALENCY	<input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY- START WITH MOST RECENT EMPLOYMENT AND INCLUDE AT LEAST TEN YEARS OF WORK HISTORY (Employment information will be verified)

*May we contact your present employer? YES NO

CURRENT/ MOST RECENT EMPLOYER	ORGANIZATION:		JOB TITLE:		TELEPHONE #:
					()
DATE:		ADDRESS:		DEPARTMENT:	
FROM:	TO:			<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM <input type="checkbox"/> TEMPORARY	
MO/YR	MO/YR	CITY	STATE	ZIPCODE	SUPERVISOR:
DESCRIBE DUTIES:					
REASON FOR LEAVING:					

EMPLOYMENT HISTORY Continued (Employment information will be verified)

CURRENT/ MOST RECENT EMPLOYER		ORGANIZATION:	JOB TITLE:	TELEPHONE #: ()
DATE:		ADDRESS:	DEPARTMENT:	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME
FROM:	TO:	CITY STATE ZIPCODE	SUPERVISOR:	<input type="checkbox"/> PER DIEM
MO/YR	MO/YR			<input type="checkbox"/> TEMPORARY
DESCRIBE DUTIES:				
REASON FOR LEAVING:				

CURRENT/ MOST RECENT EMPLOYER		ORGANIZATION:	JOB TITLE:	TELEPHONE #: ()
DATE:		ADDRESS:	DEPARTMENT:	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME
FROM:	TO:	CITY STATE ZIPCODE	SUPERVISOR:	<input type="checkbox"/> PER DIEM
MO/YR	MO/YR			<input type="checkbox"/> TEMPORARY
DESCRIBE DUTIES:				
REASON FOR LEAVING:				

LICENSE(S)/PERMIT(S)/CERTIFICATION(S)

TYPE	NUMBER	AUTHORIZATION AGENCY	EXPIRATION DATE

Have you ever been excluded, debarred or otherwise ineligible to participate in the Medicare, Medicaid, or any other Federal healthcare program or in any federal procurement or non-procurement program? YES NO

Have you ever been discharged or asked to resign from employment? YES NO
If yes, explain: _____

Did you receive any discipline in your last 12 months of active employment with your previous employer? YES NO
If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? YES NO
If yes, what was the range of scores used and what was your score? _____

Have you signed any non-competition or non-solicitation agreement or any other kind of agreement with any other employer that might restrict you from working for the Company (you will be required to furnish a copy of the agreement if you are being considered for hire)? YES NO
If yes, please explain:

FOR LICENSED PROFESSIONALS

Have your medical appointment/employment status or clinical privileges in any hospital or health care facility ever been denied, revoked, suspended, restricted, reduced, limited, placed on probation, not renewed, voluntarily relinquished, discontinued, or otherwise changed, including any leaves of absence? YES NO

Are there currently any pending investigations into, or have you ever voluntarily relinquished your medical license or registration in any State? YES NO

Has your license/ registration ever been revoked? YES NO

Are there currently any pending investigations or have you ever voluntarily relinquished your DEA registration? YES NO
Is your license/registration under review or suspension? YES NO

MILITARY (Complete only if you served in the military)

Branch of Service: _____ Number of Years /Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____

Describe any military skills, training or experience you believe are relevant to the job you have applied for:

VOLUNTEER SERVICES

INDICATE ANY VOLUNTEER EXPERIENCE WHICH YOU CONSIDER RELEVANT TO THE POSITION(S) FOR WHICH YOU ARE APPLYING

TO/FROM	NAME OF ORGANIZATION	DUTIES

SKILLS

- Typing: _____WPM
 Data Entry
- Steno
 Transcription
- Knowledge of Medical Terminology
- Computer Skills (Please specify _____)
- Other (Specify): _____

ACCOMMODATIONS

ARE YOU ABLE TO PERFORM ALL ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

LANGUAGE SKILLS

If Bilingual skills are required for the position for which you are applying, please indicate the language(s) you speak (other than English) and your level of proficiency. There are occasions when there is in need of translators.

Will you volunteer to act as a translator if needed? YES NO

<u>LANGUAGE</u>	<u>READING LEVEL</u>	<u>SPEAKING LEVEL</u>
_____	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Do you understand Sign Language? YES NO

AUTHORIZATION

I authorize investigation of all matters contained in this application and agree that any misrepresentations, omissions, or false statements may be considered sufficient cause for rejection of this application or immediate discharge, if I am already employed. I further authorize the disclosure of any and all information concerning my past employment and education and release all parties who provide information from liability in complying with information requests from StaffCo of Brooklyn.

I understand that should employment be offered and accepted, my employment with StaffCo of Brooklyn is subject to the successful completion of medical examination and toxicology screening; the receipt of satisfactory references, background check, proof of eligibility to work in the United States, and verifications of employment, license(s) and education.

I further understand that I will be photographed for an ID and possibly fingerprinted as a condition of employment. I understand that this application and any other documents or verbal communications which I may receive during the recruitment process or course of employment, if hired, do not create contracts of employment. Employment or continued employment is a decision at the discretion of StaffCo of Brooklyn. I agree, if appointed/employed, to abide by all StaffCo of Brooklyn and Hospital/co-employer policies and regulations.

StaffCo of Brooklyn does not discriminate on the basis of actual or perceived age, race, creed, color, ethnicity, gender, disability, marital status, sexual orientation, gender identity or expression, national origin or citizen status/veterans status or on the basis of any other characteristic protected by the law.

I hereby certify that all information given by me contained and/or related to this application is complete and accurate.

Print Name

Signature

Date