

# Application for Employment

**Southampton PEO**  
 Human Resources Department  
 240 Meeting House Lane  
 Southampton, New York 11968

It is the policy of this facility to provide equal opportunity to persons regardless of race, color, religion or creed, sex, pregnancy, gender identity or expression, age, marital status, sexual orientation, national origin, domestic violence victim status, citizenship, military or veteran status, physical or mental disability, predisposing genetic information, familial status, or any other basis protected by federal, state or local laws and regulations.

Position for Which You Are Applying	Date
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Applicant Name (Please Give Complete Name)	Maiden Name	Social Security No.	E-Mail Address	Primary Phone
Present Address (Include City, State, Zip Code)				
Previous Address (If at Present Address Less Than 12 Months)				
Preferred Position <input type="checkbox"/> Full Time <input type="checkbox"/> Per Diem <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Pool <input type="checkbox"/> Temporary			Preferred Shift <input type="checkbox"/> Day <input type="checkbox"/> Weekend <input type="checkbox"/> Rotation <input type="checkbox"/> Evening <input type="checkbox"/> Night	
Date Available For Work	Salary Requirement	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which location or division?		
Are you able to perform the essential, job related functions of the position for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please describe necessary accommodations.		
Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a federally funded health program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Education History				
Level of Education	School / Program	Year(s) Attended		Degree or Certificate
	City, State, Country	Last Year Attended	Graduated?	
High School				
College				
Graduate School				
Other		From (Year)	To (Year)?	
Other		From (Year)	To (Year)?	

Licenses / Certifications			
Type of License or Certification	State Issued	Expiration Date	Number

Clerical or Other Skills	
Type of Skill	Details

### Employment History

Current or Most Recent	From Date	To Date	Company	Position or Title	Phone No.	Email
	Salary		Address	Immediate Supervisor		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Nature of duties			Reason for leaving		
1st Previous	From Date	To Date	Company	Position or Title	Phone No.	Email
	Salary		Address	Immediate Supervisor		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Nature of duties			Reason for leaving		
2nd Previous	From Date	To Date	Company	Position or Title	Phone No.	Email
	Salary		Address	Immediate Supervisor		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Nature of duties			Reason for leaving		
3rd Previous	From Date	To Date	Company	Position or Title	Phone No.	Email
	Salary		Address	Immediate Supervisor		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Nature of duties			Reason for leaving		

### Professional References (Other than Relatives)

	Name	Company	Phone	Relationship	Years Known
	Position or Title	City, State	Email		
1					
2					
3					

<p><b>Please Review and Sign Where Indicated.</b></p> <p>In making application for employment:</p> <p>I certified that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.</p> <p>I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.</p>	<p><b>I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.</b></p> <p>I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination of my employment.</p> <p>Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.</p>	<p><b>I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.</b></p> <p><b>Release:</b></p> <p>I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.</p>
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I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application for employment, employment or termination of employment with the employer exclusively by final and binding arbitration before a neutral Arbitrator and in accordance with the rules and procedures for employment disputes adopted by the employer. Such claims shall include those that could be brought in a court of law under any applicable federal, state or local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Family & Medical Leave Act, Fair Labor Standards Act (FLSA), the Employee Retirement Income Security Act (ERISA), the Uniformed Services Employment and Reemployment Rights Act (USERRA), the new Americans With Disabilities Act Amendments Act, and state civil rights acts, the law of contract and the law of tort.

<p><b>I have read and understand these conditions of employment.</b></p>		<p>Applicant Signature</p>	<p>Date Prepared</p>
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