



# EMPLOYMENT APPLICATION

95 Bradhurst Avenue, Valhalla, New York 10595    www.blythedale.org

**BLYTHEDALE CHILDREN’S HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER**

Blythedale Children’s Hospital makes employment decisions based on qualifications only and will not discriminate against any applicant for employment on the basis of race, religion, color, national or ethnic origin, age, sex (including sexual harassment), sexual orientation, marital status, citizenship status, disability, genetic predisposition or carrier status, status as a victim of domestic violence, status in the uniformed services of the United States (including veteran status) or other status protected by federal, state or local laws.

**Applications will only be accepted for open and posted positions and  
Applications must be completed in their entirety including all signatures on page 3.**

Position applying for: \_\_\_\_\_ Shift preference \_\_\_\_\_  
FT/PT/Per diem Day/Eve/Night/Wknd  
 PLEASE TYPE OR PRINT NEATLY

Today’s Date: \_\_\_/\_\_\_/\_\_\_ Recruitment Source? \_\_\_\_\_ (i.e. web site, employee, etc.)

**PERSONAL DATA**

Name: \_\_\_\_\_  
(last) (first) (m.i.)

Address: \_\_\_\_\_  
(street) (apt. #)

\_\_\_\_\_ (city) (state) (zip)

Social Security number: \_\_\_/\_\_\_/\_\_\_ Day telephone: \_\_\_\_\_ Evening telephone: \_\_\_\_\_

Do you have any relatives working for Blythedale Children’s Hospital? Yes  No   
 If yes, please indicate relationship, name, title and work location

\_\_\_\_\_

Are you over 18 years of age? Yes  No  If no, what is your Date of Birth? \_\_\_\_\_

If hired, you will be required to furnish proof that you are legally authorized to work in the United States. Can you furnish such proof?  
 Yes  No

Have you ever worked for Blythedale Children’s Hospital? Yes  No  If yes, Department/Title?

\_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

**EDUCATIONAL HISTORY**

Type of school	School name and address	Field of study	Degree
High School			High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
College			
Graduate			
Other			



**LICENSE / CERTIFICATION / REGISTRATION**

Do you have a current license, certification or registration? Yes  No  If yes, please indicate the following:

type \_\_\_\_\_ number \_\_\_\_\_ exp. date \_\_\_\_\_ state(s) issued \_\_\_\_\_

Are there any current restrictions on your license, certification, registration? Yes  No . If yes, please explain

\_\_\_\_\_

**EMPLOYMENT / VOLUNTEER WORK / OTHER WORK HISTORY**

**Note: You may attach a resume, however, the following information must be provided for each position held**

List most recent employer first

May we contact your current employer? Yes  No

Dates: From/To	Employer Name & Address	Position held	Reason for leaving	Salary

Describe briefly your specific qualifications or experiences including technical, computer or language skills that relate to the position that you are applying for:

\_\_\_\_\_

Have you ever been employed under a different name? Yes  No  If yes, what was the name and where and when were you employed? \_\_\_\_\_

**REFERENCES**

Please provide 3 professional references or 2 professional references and 1 personal reference

Name	Address and Phone (day and evening)	Relationship	Occupation

**CRIMINAL RECORD INFORMATION**

Have you ever been convicted of a felony? NOTE: A “yes” answer does not automatically disqualify you from employment since the date and nature of the offense, and type of job for which you are applying will be considered. Yes  No  If yes, please explain.

\_\_\_\_\_

Are you the subject of a pending arrest or pending criminal charge? NOTE: A “yes” answer does not automatically disqualify you from employment. Yes  No  If yes, please explain:

\_\_\_\_\_

**Ineligible Person.** An Ineligible Person means an individual or entity who/which has been excluded, suspended, debarred or otherwise deemed ineligible to participate in a federally-funded healthcare program or federal contract and has not been reinstated after the period of exclusion, suspension, debarment or ineligibility. If you are an Ineligible Person you may be disqualified from employment.

I am not an Ineligible Person

I am an Ineligible Person



I UNDERSTAND AND ACKNOWLEDGE THAT ANY OFFER OF EMPLOYMENT SHALL BE CONDITIONED UPON ACCEPTABLE RESULTS A CRIMINAL BACKGROUND CHECK, A NEW YORK STATE REGISTER OF CHILD ABUSE CHECK AND HEALTH SCREENING, SUBJECT TO APPLICABLE LAW.

VERIFICATION OF APPLICATION ACCURACY

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or misrepresentation of information on this application disqualifies me from being hired and/or continued employment, subject to any applicable policies of Blythedale Children’s Hospital.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize Blythedale Children’s Hospital to obtain from all my former employers, schools (professional and vocational), and above-listed references information concerning my previous employment and job qualifications (i.e. job title, duties, performance, and any disciplinary history), and any other pertinent information relative to my qualifications to perform the job for which I have applied.

I further release and hold harmless all parties who provide such information from any and all claims arising from, or relating to, the furnishing of such information.

I understand that, in the event I do not authorize the release of my prior employment information, I shall be disqualified from being considered for employment.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

ACKNOWLEDGEMENT OF POLICIES AND AT-WILL EMPLOYMENT

In the event that I am offered and accept a position of employment, I acknowledge and agree to conform to the rules, regulations, policies and procedures of Blythedale Children’s Hospital.

I further acknowledge and agree that if employed by Blythedale Children’s Hospital, my employment relationship shall be “at-will,” and that either I or Blythedale Children’s Hospital may end the employment relationship **with or without cause, and with or without notice, at any time.** With the exception of specifically designated “short termed temporary” positions, I understand that no manager or representative of Blythedale Children’s Hospital other than the President/CEO has any authority to enter into any agreement for any employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_