



APPLICATION FOR EMPLOYMENT

Dear Applicant;

Welcome! Thank you for considering Montefiore Nyack Hospital as your employer of choice. Employees are essential ingredients in our hospital's recipe for success. Every person who works here has direct responsibility for giving our patients the competent, compassionate care they need and deserve. Our daily behaviors reflect the principles and values expressed in our "WE CARE" standards. If you feel you can commit to our standards, please read and sign the commitment form before completing the employment application.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads 'Mary K. Shinick'.

Mary K. Shinick
Vice President
Human Resources

"WE CARE" STANDARDS

WORKING TOGETHER

"Commit to work together in a courteous, respectful manner. I will demonstrate a positive spirit of service with all employees with whom I interact."

I will:

- Place team success above individual recognition.
- Be receptive to new ideas and approaches within my workplace.
- Offer assistance generously without hesitation.

EMPOWERMENT

"Be accountable, responsible, and self-directed in all aspects of my work at all times."

I will:

- See projects through to ensure completion.
- Problem solve with patients, family members, and other employees.
- Follow up to ensure a resolution.

COMMUNICATION

"Demonstrate positive communication in a clear, courteous and appropriate manner at all times."

I will:

- Answer the phone within three rings if possible and identify myself, my department, and ask, "How may I help you"?
- Use effective verbal and written communication to patients, families, visitors, using the principles of AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You)
- Use positive communication in my tone of voice, body language, and choice of words.
- Respond to e-mails in a courteous manner, with-in twenty-four hours.

APPEARANCE

"Dress in a manner that reflects a professional and positive image of the hospital at all times"

I will:

- Maintain a clean, neat, and professional appearance which adheres to the hospital dress code policy.
- Promote and adhere to Montefiore Nyack Hospital's guidelines regarding a safe and clean work environment for employees, patients, families and visitors.

RESPONSIVENESS

"Demonstrate the ability to provide timely feedback and communication to patients, visitors, and coworkers."

I will:

- Respond to patient call lights and ask if I can assist. (No Pass Zone).
- Respond empathetically.
- Apologize for delays and concerns.

EXCELLENCE IN SERVICE

"Strive to 'do my best everyday' in exceeding customer expectations."

I will:

- Anticipate and address my patients', families and visitors needs.
- Avoid negativity and exhibit a "can-do" attitude.
- "Manage up" fellow employees, physicians, departments, and the organization, to increase patient confidence both internally and in the community.
- Exit elevators to accommodate our patients' first.
- Acknowledge people in the hallway by smiling and making eye contact.
- Help lost guests and new employees by escorting them to their destination.

I have read and understand the "WE CARE" standards that were developed by Montefiore Nyack Hospital employees and understand they are a measure of work performance. I understand that by incorporating these standards as a measure of work performance, Montefiore Nyack Hospital leadership makes it clear that we are all accountable for adhering to and practicing these standards. I further understand that these standards apply equally to the interactions between all customers, patients, families, physicians and each other. As a member of Montefiore Nyack Hospital, I am committed to the standards and agree to not only hold myself accountable for doing so, but also expect the same from all other Montefiore Nyack Hospital staff. If you feel you can demonstrate adherence to Montefiore Nyack Hospital's "WE CARE" Standards, please sign and date below.

Applicant Name (Print)

Applicant Signature

Date

In order to be considered for a position, we must have all applicable fields completed. Only completed applications can/will be considered. Before completing the application, it would be helpful to have phone numbers, addresses, dates of employment, or school attendance handy. **** MONTEFIORE NYACK HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST ANY APPLICANT OR EMPLOYEE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, DISABILITY, MILITARY OR VETERAN STATUS, SEXUAL ORIENTATION, CITIZENSHIP STATUS, GENDER IDENTITY, GENETIC INFORMATION, ANCESTRY, CITIZENSHIP OR ANY OTHER CHARACTERISTICS PROTECTED BY FEDERAL, STATE AND LOCAL LAW.**

GENERAL

| | | | |
|---|-----------------------------------|--|--|
| LAST NAME | FIRST | MIDDLE | TODAY'S DATE |
| STREET ADDRESS | | CITY | STATE ZIP CODE |
| HOME TELEPHONE NUMBER () | MOBILE TELEPHONE NUMBER () | EMAIL ADDRESS | |
| REFERRED BY (INDICATE NAME) | <input type="checkbox"/> AGENCY | <input type="checkbox"/> ADVERTISEMENT | <input type="checkbox"/> MONTEFIORE NYACK HOSPITAL EMPLOYEE <input type="checkbox"/> OTHER _____ |
| POSITION APPLIED FOR | | SALARY DESIRED \$ | |
| TYPES OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> DAY <input type="checkbox"/> REGULAR DATE AVAILABLE _____ <input type="checkbox"/> PART TIME <input type="checkbox"/> EVENING <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PER DIEM <input type="checkbox"/> NIGHT <input type="checkbox"/> WEEKENDS | | | |
| IF YOU ARE APPLYING FOR A POSITION AS AN RN, WHICH AREA(S) OF CLINICAL NURSING ARE YOU QUALIFIED FOR? <input type="checkbox"/> CRITICAL CARE <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> OPERATING ROOM <input type="checkbox"/> MED/SURG <input type="checkbox"/> OTHER _____ | | | |
| ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CAN YOU FURNISH A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES; BRANCH _____ PERIODS OF SERVICE _____ LIST DUTIES IN SERVICE, INCLUDING ANY SPECIAL TRAINING | | | |
| ARE YOU CURRENTLY AUTHORIZED TO WORK FOR ALL EMPLOYERS IN THE UNITED STATES ON A FULL-TIME BASIS, OR ONLY FOR YOUR CURRENT EMPLOYER? <input type="checkbox"/> ALL EMPLOYERS <input type="checkbox"/> ONLY CURRENT EMPLOYER WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS? (e.g. H-1B status) <input type="checkbox"/> YES <input type="checkbox"/> NO Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Montefiore Nyack Hospital will verify the status of every individual offered employment with the Hospital. All offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization. | | | |

DO YOU HAVE RELATIVES EMPLOYED AT MONTEFIORE NYACK HOSPITAL? YES NO IF YES, NAME OF RELATIVE: _____

ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT A REASONABLE ACCOMMODATION? YES NO

HAVE YOU EVER INTERVIEWED FOR A POSITION AT Highland Medical, P.C. Montefiore Nyack Hospital

OR ANY OF THE FOLLOWING LOCATIONS? (Check all that apply. Use blank page if necessary.)

Albert Einstein College of Medicine Children's Evaluation and Rehabilitation Center Division of Substance Abuse Montefiore Medical Center

Mount Vernon Hospital/Montefiore Mount Vernon Hospital Our Lady of Mercy/Montefiore North Schaffer Extended Care Center

Sound Shore Medical Center/Montefiore New Rochelle Hospital Sound View Throgs Neck Community Mental Health Center

Westchester Square Hospital/Montefiore Westchester Square Yeshiva University White Plains Hospital St. Luke's Hospital Burke Rehabilitation Hospital

Montefiore Wakefield Other: _____ POSITION/DATE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR, INCLUDING ANY CONVICTIONS FOR MOVING VIOLATIONS?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE RELATED TO HEALTH CARE AND/OR THE PROVISION OF SERVICE BY MEDICARE, MEDICAID OR ANY OTHER FEDERAL HEALTH CARE PROGRAM; OR EXCLUDED OR DEBARRED FROM PARTICIPATION IN ANY FEDERAL HEALTH CARE PROGRAM, INCLUDING MEDICARE OR MEDICAID?

YES NO

IF YES, TO ANY OF THE ABOVE, PLEASE EXPLAIN: _____

NOTE: If you are hired and your position requires you to operate a vehicle on the Hospital's behalf and in performance of your job duties, you will be required to supply a copy of a valid New York Drivers License and will be asked to disclose any and all prior convictions for moving violations.

Please do not disclose any convictions that have been expunged, annulled or judicially sealed or erased or any information pertaining to youthful offender adjudication.

A conviction includes a plea, verdict or finding of guilt regardless of whether sentence is imposed by a court of law. (A conviction record will not necessarily be a bar to employment. Factors including, but not limited to, time that has passed since the conviction, the nature of the offense, and type of job being sought will be taken into account.)

EDUCATION

(USE BLANK PAGE FOR ADDITIONAL ENTRIES)

| NAME AND ADDRESS OF SCHOOL | NO. OF YEARS ATTENDED | MAJOR SUBJECT | DID YOU GRADUATE? | TYPE OF DEGREE OR DIPLOMA |
|-----------------------------|-----------------------|---------------|-------------------|---------------------------|
| HIGH SCHOOL | | | | |
| COLLEGE OR TECHNICAL SCHOOL | | | | |
| GRADUATE SCHOOL | | | | |
| OTHER | | | | |

PROFESSIONAL LICENSES

(USE BLANK PAGE FOR ADDITIONAL ENTRIES)

PROFESSIONAL LICENSE TYPE: _____ STATE: _____

#: _____

CERTIFICATION TYPE: _____ STATE: _____

#: _____

REGISTRATION TYPE: _____ STATE: _____

#: _____

SKILLS

MICROSOFT OFFICE

EKG

NRP

CASHIERING

MEDICAL TERMINOLOGY

ACLS

OTHER: _____

SPREADSHEET

BLS/HEARTSAVER

PHLEBOTOMY

EMPLOYMENT

COMPLETE FOR ALL EMPLOYMENT, BEGINNING WITH MOST RECENT.

| | | | | |
|--|---|--|---------------------------------------|---|
| FROM / MO. YR. | COMPANY NAME | | YOUR POSITION and TITLE | |
| | NO. & STREET | | SUPERVISOR'S NAME, TITLE and POSITION | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER |
| TO / MO. YR. | TYPE OF BUSINESS | STARTING PAY \$ | | FINAL PAY \$ |
| | TELEPHONE NUMBER () | TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | | BRIEFLY DESCRIBE REASON FOR TERMINATION |
| | BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> | | | |
| <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PER DIEM | | | | |

MAY WE CONTACT YOUR CURRENT EMPLOYER PRE-OFFER? YES NO
 (If you check NO, post-acceptance your current employer will be contacted.)

| | | | | |
|--|---|--|---------------------------------------|---|
| FROM / MO. YR. | COMPANY NAME | | YOUR POSITION and TITLE | |
| | NO. & STREET | | SUPERVISOR'S NAME, TITLE and POSITION | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER |
| TO / MO. YR. | TYPE OF BUSINESS | STARTING PAY \$ | | FINAL PAY \$ |
| | TELEPHONE NUMBER () | TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | | BRIEFLY DESCRIBE REASON FOR TERMINATION |
| | BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> | | | |
| <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PER DIEM | | | | |

| | | | | |
|--|---|--|---------------------------------------|---|
| FROM / MO. YR. | COMPANY NAME | | YOUR POSITION and TITLE | |
| | NO. & STREET | | SUPERVISOR'S NAME, TITLE and POSITION | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER |
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| | BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> | | | |
| <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PER DIEM | | | | |

| | | | | |
|--|---|--|---------------------------------------|---|
| FROM / MO. YR. | COMPANY NAME | | YOUR POSITION and TITLE | |
| | NO. & STREET | | SUPERVISOR'S NAME, TITLE and POSITION | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER |
| TO / MO. YR. | TYPE OF BUSINESS | STARTING PAY \$ | | FINAL PAY \$ |
| | TELEPHONE NUMBER () | TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | | BRIEFLY DESCRIBE REASON FOR TERMINATION |
| | BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> | | | |
| <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PER DIEM | | | | |

ADDITIONAL INFORMATION

REFERENCES

PLEASE LIST THREE EMPLOYMENT REFERENCES

| NAME OF REFERENCE | OCCUPATION | ADDRESS AND TELEPHONE NUMBER |
|-------------------|------------|------------------------------|
| | | |
| | | |
| | | |

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

During the application process and, if hired, during employment, I agree to participate (if so requested by Montefiore Nyack Hospital and as not prohibited by applicable law) in testing to determine whether employees are under the influence of controlled drugs or illegal substances. Such tests or examinations will be performed by qualified persons selected by Montefiore Nyack Hospital. I understand that I may be required to undergo periodic physical examinations as deemed necessary by Montefiore Nyack Hospital and in accordance with applicable law.

I further understand my employment is contingent upon my successful completion of Montefiore Nyack Hospital's total pre-employment screening process, including a satisfactory check of references, background check, drug screening and satisfactory completion of a physical examination by Montefiore Nyack Hospital. By signing below, I am authorizing Montefiore Nyack Hospital to obtain a consumer or investigative consumer report on me as part of Montefiore Nyack Hospital's pre-employment background screening process. If I am offered employment by Montefiore Nyack Hospital, I further authorize Montefiore Nyack Hospital to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment. I also authorize Montefiore Nyack Hospital to share any information received in connection with this consumer or investigative consumer report with any third party, as may be required in connection with my employment with Montefiore Nyack Hospital.

My signature attests to the fact that the information that I have provided on my application, resume, given verbally, or provided on any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from Montefiore Nyack Hospital's employ.

Montefiore Nyack Hospital or its agents may seek to verify the information on this application. As such, I hereby authorize Montefiore Nyack Hospital or its agents to contact any former employer or any representative of any other organization to which I have made reference in this application, and I hereby authorize said employer and/or representative to provide information to Montefiore Nyack Hospital on my behalf. I hereby release from liability any persons, companies or institutions supplying such information to Montefiore Nyack Hospital and shall hold Montefiore Nyack Hospital harmless from any liability arising out of decisions made based on that information.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with Montefiore Nyack Hospital in the position I am seeking.

I understand and agree that all work product developed during my employment at Montefiore Nyack Hospital is the property of Montefiore Nyack Hospital; and no attempt will be made to deliver or use said work product for any purpose other than the benefit of Montefiore Nyack Hospital. I understand that all records, including copies, are the property of Montefiore Nyack Hospital and may not be taken from Montefiore Nyack Hospital premises without the express authorization of an officer at Montefiore Nyack Hospital.

I understand that this application is not an employment contract for any specific length of time between Montefiore Nyack Hospital and me, and that in the event I am hired, my employment will be "at will" and either Montefiore Nyack Hospital or I can terminate my employment with or without cause and with or without notice at any time during or after the introductory period. Nothing contained in any handbook, manual, policy and the like, distributed by Montefiore Nyack Hospital to its employees is intended to or can create an employment contract, an offer of employment or any obligation on Montefiore Nyack Hospital's part. I also agree to abide by all of Montefiore Nyack Hospital's Rules and Regulations of employee's conduct. Montefiore Nyack Hospital may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

I acknowledge that I have read and understand all of the above statements.

| | | |
|------------------------|-----------|------|
| Applicant Name (Print) | Signature | Date |
|------------------------|-----------|------|

Montefiore Nyack Hospital

Human Resources

160 North Midland Avenue

Nyack, NY 10960

845-348-2155

845-348-3045 Fax

montefiorenyack.org