



**EMPLOYMENT HISTORY**

I	NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
		MO.	YR.	MO.	YR.				
		DESCRIBE THE WORK YOU DID:							
	PHONE NO.								
II	NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
		MO.	YR.	MO.	YR.				
		DESCRIBE THE WORK YOU DID:							
	PHONE NO.								
III	NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
		MO.	YR.	MO.	YR.				
		DESCRIBE THE WORK YOU DID:							
	PHONE NO.								
IV	NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
		MO.	YR.	MO.	YR.				
		DESCRIBE THE WORK YOU DID:							
	PHONE NO.								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below

- Employer I?       Yes    No
- Employer II?     Yes    No
- Employer III?    Yes    No
- Employer IV?     Yes    No

Signed \_\_\_\_\_

**RECORD OF EDUCATION**

SCHOOL	NAME, ADDRESS, AND PHONE NUMBER OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			5	6	7	8		
ELEMENTARY		X					<input type="checkbox"/> Yes	X
						<input type="checkbox"/> No		
HIGH							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
COLLEGE							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
OTHER (SPECIFY)							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

NAME AND OCCUPATION	ADDRESS	PHONE NO.

May we telephone you to follow up on this application at home?  Yes  No

If yes, what is the best time to call? \_\_\_\_\_

May we telephone you to follow up on this application at work?  Yes  No

If yes, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

\_\_\_\_\_  
SIGNATURE OF APPLICANT





**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

\_\_\_\_\_ (The "Company") requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed or representing the company, conduct a verification of my education, employment history, credit history, and/or motor vehicle records. In addition this company may contact personal references, require that I provide a urine specimen or hair strands to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements. Also, if an offer of employment has been made, I authorize review of my worker's compensation claim history.

I authorize Employment Screening Associates and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies. Under no circumstances will ESA provide or disclose any information regarding your credit history. We do not share, disclose or sell any information that can be used to authenticate your identity such as your Social Security Number, Date of Birth or Mother's Maiden Name.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Associates with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, Employment Screening Associates, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

**Please provide all requested information and provide addresses for the last seven- (7) years**

Applicant's Name:	FIRST	MIDDLE	LAST		Maiden Or Other Name(s)
Current Address - Street	City	County	State	Zip	How Long
Previous Address - Street	City	County	State	Zip	How Long
Previous Address - Street, City, County, State, Zip	**List additional areas of (previous) residence on the following page**				How Long

Social Security Number	Date of Birth (for confirmation of ID only)
Drivers License Number	State
Name - exactly as it appears on Driver's License	

[ ] Yes [ ] No  
 Authorization to contact present employer for reference?

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>EDUCATION INFORMATION</b> **Please list additional education credentials on the following page**		
School/Institution Name:	_____	
School/Institution Location (city/state):	_____	
Diploma/License/Certificate/GED (Please circle one)	Full Name on Diploma/License/Certificate/GED: _____	
Year Received: _____	License Number: _____	Expiration Date: _____



**Previous Address List (Cont.)**

Previous Address - Street	City	County	State	Zip	How Long
Previous Address - Street	City	County	State	Zip	How Long
Previous Address - Street	City	County	State	Zip	How Long
Previous Address - Street	City	County	State	Zip	How Long
Previous Address - Street	City	County	State	Zip	How Long
Previous Address - Street	City	County	State	Zip	How Long
Previous Address - Street	City	County	State	Zip	How Long
Previous Address - Street	City	County	State	Zip	How Long
Previous Address - Street	City	County	State	Zip	How Long

**Criminal History**  
 Have you been convicted or plead guilty to a crime in the last 7 years?  Yes  No

- Brief description of crime: \_\_\_\_\_ **Misdemeanor / Felony**  
Please Circle
- Date: \_\_\_\_\_ Place of conviction: \_\_\_\_\_  
City State County

List additional convictions: \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL EDUCATION INFORMATION**

School/Institution Name: \_\_\_\_\_

School/Institution Location (city/state): \_\_\_\_\_

Diploma/License/Certificate/GED Full Name on Diploma/License/Certificate/GED: \_\_\_\_\_  
(Please circle one)

Year Received: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**ADDITIONAL EDUCATION INFORMATION**

School/Institution Name: \_\_\_\_\_

School/Institution Location (city/state): \_\_\_\_\_

Diploma/License/Certificate/GED Full Name on Diploma/License/Certificate/GED: \_\_\_\_\_  
(Please circle one)

Year Received: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**VOLUNTARY IDENTIFICATION SHEET**

**NOTE:** This information is requested from all applicants to enable us to meet government reporting requirements in conjunction with our affirmative action efforts. It will not be used as selection criteria and will be treated as personal and confidential. Your voluntary cooperation is appreciated.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sex:** Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Race/Ethnic Data (Check One):**

\_\_\_\_\_ **Black (not of Hispanic origin):** Persons having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **Hispanic:** Persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **White: (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_ **Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, and Samoa.

\_\_\_\_\_ **Other**

\_\_\_\_\_ **Two or more races**

\_\_\_\_\_  
**Applicants Signature**

THE  
**University of Vermont**  
HEALTH NETWORK  
**Elizabethtown Community Hospital**

ADMINISTRATION

PO Box 277  
75 Park Street  
Elizabethtown, NY 12932  
PHONE 518-873-3002  
FAX 518-873-2005

John Remillard, President  
James P. Forcier, Board Chair  
Rob, DeMuro, MD, Medical  
Director  
Kathy Gregoire, Executive  
Assistant

**PERMISSION FOR RELEASE OF REFERENCES**

Note: As more than one reference may be required, please leave the "TO" below blank.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TO: \_\_\_\_\_

YOU ARE HEARBY AUTHORIZED TO GIVE THE *UNIVERSITY OF VERMONT HEATH NETWORK ELIZABETHTOWN COMMUNITY HOSPITAL* ALL INFORMATION REGARDING MY SERVICE, CHARACTER AND CONDUCT WHILE IN YOUR EMPLOY; AND YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

\_\_\_\_\_  
Signature of Applicant



THE  
**University of Vermont**  
HEALTH NETWORK  
**Elizabethtown Community Hospital**

**HUMAN RESOURCES**

**EDUCATION FORM**

Michelle Meachem  
PO Box 277  
75 Park Street  
Elizabethtown, NY 12932  
PHONE 518-873-3006  
FAX 518-873-2005

John Remillard, President  
James P. Forcier, Board Chair  
Rob, DeMuro, MD, Medical  
Director  
Kathy Gregoire, Executive  
Assistant

College Name:

Address:

Phone:

Year Attended

Year Completed:

Degree:

Name while attending:

College Name:

Address:

Phone:

Year Attended

Year Completed:

Degree:

Name while attending:

THE  
**University of Vermont**  
HEALTH NETWORK  
Elizabethtown Community Hospital

ADMINISTRATION

PO Box 277  
75 Park Street  
Elizabethtown, NY 12932  
PHONE 518-873-3002  
FAX 518-873-2005

John Remillard, President  
James P. Forcier, Board Chair  
Rob, DeMuro, MD, Medical  
Director  
Kathy Gregoire, Executive  
Assistant

**Employment At-Will**

This document contains the entire understanding between you and ECH, and supersedes any prior representations, in any form, that may have been made regarding your prospective employment at ECH. Nothing contained in this letter should be construed as a contract for employment, either expressed or implied, with ECH. Should you accept an offer of employment from ECH, you understand that your employment is on an at-will basis and is not for any fixed period of time. This means that either you or ECH can terminate the employment relationship at any time, with or without cause. Your at-will status can only be modified by an agreement signed by the Administrator/CEO of ECH.

By signing and dating this document below, I, \_\_\_\_\_,  
understand and agree to the aforementioned statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information used in the process of granting credit. This information is supplied by public record sources, credit grantors and others to credit reporting agencies (CRA's) who organize and store that information for distribution to credit grantors, employers and insurers who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users of credit information, and CRA's, specific responsibilities in connection with their respective roles in the credit granting and reporting process. The FCRA also gives you specific rights in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>). You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **Access to your file is limited.** Your file may only be accessed by those who have a permissible purpose recognized by the FCRA – usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business, or to consider you for an unsolicited offer of credit.
- **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not give a report about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You can find out what is in your file.** Upon your request, a CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to any information concerning "risk scores", "credit scores", or other economic predictors that are in your file. There is no charge for the report if a third party used the information in your file to take unfavorable action toward you and you request the report within 60 days of receiving notice that the information in your file was used by a third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.
- **You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you.** Upon your request, anyone who considers information from a CRA and who takes unfavorable actions toward you – such as denying an application for credit, insurance, or employment – must give you the name, address, and phone number of the CRA that provided the information. Keep in mind that the third party, not the CRA, took the unfavorable action toward you and that the CRA will not be able to provide you with the reason for the unfavorable action.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's – to which it has provided data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your dispute statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell the third party who furnished information to a CRA – such as a creditor who reports to a CRA – that you dispute an item, it may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old (ten years for bankruptcies).
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must



## **Section 750. Definitions.**

### **751. Applicability.**

### **752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

### **753. Factors to be considered concerning a previous criminal conviction; presumption.**

### **754. Written statement upon denial of license or employment.**

### **755. Enforcement.**

---

**S 750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license or employment sought.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**S 751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**S 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, to which the provisions of this article are applicable, shall be denied by reason of the applicants having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact



that the applicant has previously been convicted of one or more criminal offenses, unless:

(1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought; or

(2) the issuance of the license or the granting of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**S 753. Factors to be considered concerning a previous criminal conviction; presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**S 754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**S 755. Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



include a toll-free telephone number for you to call and tell the CRA if you want your name and address removed from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you can have your name and address removed indefinitely.

• You may seek damages from violators. If a CRA, a user or (In some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection - FCRA Washington, DC 20580 * 202-326-xxxx
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-8929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 * 202-720-7051

**ARTICLE 23-A NEW YORK STATE DEPARTMENT OF CORRECTIONS LAW  
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**