

**LEWIS COUNTRY GENERAL HOSPITAL
RESIDENTIAL HEALTH CARE FACILITY**

NURSE AIDE COURSE APPLICATION

Fax: 315-376-5572

Send completed application to:

Lewis County General Hospital
Human Resources
7785 North State
Lowville, NY 13367

Please type or print legibly:

Name: _____ Birth Date (MM/DD/YYYY) _____

Mailing Address: _____

City, State, Zip Code _____

Telephone (____) _____

Email _____

What source led you to apply for the Nurse Aide program at LCGH? _____

I hereby authorize Lewis County General Hospital to make check of my physical condition, reference check of my employment and educational background and my record of criminal conviction and hereby waive any right to see the reference obtained. My present employer may _____ may not _____ be contacted.

Signature: _____ Date: _____

Human Resources Department Use Only

APPROVED

NEED MORE INFORMATION

NOT APPROVED

Authorized Signature _____ Date _____

LEAVE THIS SPACE BLANK

Date Received

Fee \$

By

LEWIS COUNTY CIVIL SERVICE COMMISSION
 Court House
 LOWVILLE, NEW YORK 13367
**APPLICATION FOR
 EXAMINATION OR EMPLOYMENT**

LEAVE THIS SPACE BLANK

Number

APPLICATION

Approved by

Disapproved by

Insert above, Title of Position or Examination applying for.

This application is part of your examination. Answer all questions fully and carefully in ink or on typewriter. Some questions can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

Social Security Number

1. FULL NAME

LAST NAME FIRST NAME INITIAL

MAILING ADDRESS: NO., STREET, APT., OR P.O. BOX

CITY OR POST OFFICE STATE ZIP CODE

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN POST OFFICE ADDRESS BEFORE OR AFTER EXAMINATION.

Phone (include area code)

Home: Day:

2. Are you under 18 or over 70 years of age? If so, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here: YES NO

MONTH DAY YEAR

3. RESIDENCE

Fill in names of the city or village, town, county, state, school & District # of which you are an actual permanent legal resident. Show for how long you have continuously lived in each immediately preceding the date of this application.

NAME OF	YEARS	MONTHS
City or Village		
Town		
County		
State		

Name of School District

4. CITIZENSHIP

Are you currently both a U.S. citizen and a resident of New York State? YES NO

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? YES NO

(Non Citizens may be required to produce 1-151 or 1 551 Alien Registration Card at time of Appointment.)

5. Check appropriate box to the right of each question.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- B. Did you ever resign from any employment rather than face dismissal? YES NO
- C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under less than honorable circumstances? YES NO
- D. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
- E. Are you now under charges for any crime? YES NO
- F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO

6. SERVICE IN ARMED FORCES

A. Have you ever served in the armed forces of the U.S.? YES NO

B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO

VETERANS CREDITS - If you wish to claim additional credit as an honorably discharged veteran for this examination, check appropriate box and further information will be provided.

- CHECK ONE
- (A) Yes, as a disabled war veteran (A)
- (B) Yes, as a non-disabled war veteran (B)

7. Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

- 1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? YES NO
- 2. If so, are you presently in default of any such loans? YES NO

8. Have you ever taken any other examinations given by this department? If "yes" give titles and dates. YES NO

Titles of Examinations	Dates

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT BY THE STATE OF NEW YORK.

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under penalties of perjury.

SIGNATURE OF APPLICANT DATE

INDICATE ANY OTHER SURNAME (LAST NAME) BY WHICH YOU ARE OR HAVE BEEN KNOWN

(PLEASE PRINT)

If you answered "YES" to any of the questions A-F above, you may give specifics on an additional sheet which will be kept confidential. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

9. Education: (If more space is required for full explanation, attach additional sheets.)

	Name of School and Location	Date of Attendance (Month and Year)		No. of Years Completed	Were You Graduated?	Type of Course or Major Subject	Number of College Credits Received	Degrees Received	Date of Degree
		From	To						
High School									
Equivalency		Date		Number					
College, University Professional or Technical School									
Other Schools or Special Courses									

10. Licenses: Have you a license, certificate, or other authorization to practice a trade or professional? Yes No

If a motor vehicle is required for the position for which you are applying give the following:

Name of trade or profession _____ Class _____

 GRANTED BY (LICENSING AGENCY) CITY OR STATE OF _____ DATE OF EXPIRATION _____
 Number _____

Licensed: From _____ To _____

11. Beginning with your most recent employment and working backward consecutively to your first one, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do not send your resume. Under Duties describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Applicants may be required to furnish satisfactory proof of education and/or experience claimed.

Length of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Total: Yrs. _____ Mos. _____ Earnings (circle one) \$ _____ /WK /MO /YR Total hrs. per WEEK _____ hrs. Reason for Leaving _____	Firm Name _____ Address _____ City and State _____ Type of Business _____ Your Title _____ Name and Title of Immediate Supervisor _____ Duties: See directions above. _____ _____ _____
Length of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Total: Yrs. _____ Mos. _____ Earnings (circle one) \$ _____ /WK /MO /YR Total hrs. per WEEK _____ hrs. Reason for Leaving _____	Firm Name _____ Address _____ City and State _____ Type of Business _____ Your Title _____ Name and Title of Immediate Supervisor _____ Duties: See directions above. _____ _____ _____
Length of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Total: Yrs. _____ Mos. _____ Earnings (circle one) \$ _____ /WK /MO /YR Total hrs. per WEEK _____ hrs. Reason for Leaving _____	Firm Name _____ Address _____ City and State _____ Type of Business _____ Your Title _____ Name and Title of Immediate Supervisor _____ Duties: See directions above. _____ _____ _____
Length of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Total: Yrs. _____ Mos. _____ Earnings (circle one) \$ _____ /WK /MO /YR Total hrs. per WEEK _____ hrs. Reason for Leaving _____	Firm Name _____ Address _____ City and State _____ Type of Business _____ Your Title _____ Name and Title of Immediate Supervisor _____ Duties: See directions above. _____ _____ _____

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGE.