



Instructions: **FSA** employment candidates PLEASE PRINT CLEARLY

Position Title:		Department:	
Applicant Information			
Last Name		First, Middle Initial	Date of Birth
Street Address: List all home addresses for the past 7 years in the USA starting with current address.			City
State	Zip/Postal Code	Home Telephone Number ()	Dates resided
Street Address:			City
State	Zip/Postal Code	Home Telephone Number ()	Dates resided
Street Address:			City
State	Zip/Postal Code	Home Telephone Number ()	Dates resided
Street Address:			City
State	Zip/Postal Code	Home Telephone Number ()	Dates resided
Street Address:			City
State	Zip/Postal Code	Home Telephone Number ()	Dates resided
<p>Have you ever been convicted of a felony or misdemeanor?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide date, charge, and disposition			
<p>Have you ever been excluded from participation as a provider in the Medicare Program?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide dates of exclusion and reinstatement?			
<p>Have you ever, or are you currently involved in any form of disciplinary/investigative process before any state licensing body or any accrediting body?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details.			
<p>Except for minor traffic violations, have you ever been convicted of any violation of the law?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details.			

Acknowledgement & Authorization	
<p>I hereby affirm that this application, resume/curriculum vitae, cover letter, and any and all documents submitted by me in connection with my application for employment contain no willful misrepresentations and that the information given by me is true and complete. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to any requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate termination and/or referral for criminal prosecution. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying documents if any) to provide any relevant information that may be needed to arrive at an employment decision.</p> <p>I agree, if employed, to abide by all rules, policies and regulations of FSA of Downstate Medical Center. I certify the information that I have provided is complete and accurate.</p> <p>May we contact your current employer at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, when may we contact your employer?</p>	
Applicant's Signature	Date

FSA and Downstate Medical Center is a Drug Free Workplace
 FSA of Downstate Medical Center, Inc. is an affirmative action, equal opportunity employer and does not discriminate on the basis of race, sex, color, national origin, religion, marital status, age, sexual orientation, veteran status or disability in employment.

Please continue on the next page

<i>Applicant Name:</i>						
Employment History						
List all work experience starting with the current or most recent employer for the past seven (7) years in the USA. Applicants may include volunteer and military service in the space provided below. This section must be completed. Please request additional forms if required.						
FROM:	Month	Year	Current/Most Recent Employer's name	Department/Division	Current/Most Recent Job Title:	
TO:	Month	Year	Employer's Address (City, State, Zip)		Supervisor's Name	
Phone Number ()		Hours worked per week		Reason for leaving		
Brief Description of Duties:						
FROM:	Month	Year	Current/Most Recent Employer's name	Department/Division	Current/Most Recent Job Title:	
TO:	Month	Year	Employer's Address (City, State, Zip)		Supervisor's Name	
Phone Number ()		Hours worked per week		Reason for leaving		
Brief Description of Duties:						
FROM:	Month	Year	Current/Most Recent Employer's name	Department/Division	Current/Most Recent Job Title:	
TO:	Month	Year	Employer's Address (City, State, Zip)		Supervisor's Name	
Phone Number ()		Hours worked per week		Reason for leaving		
Brief Description of Duties:						
Reference Information (Non-Relative)						
	Name		Address		Telephone Number	
1.						
2.						
3.						
Education History/Professional License						
High School/Graduate Equivalency Diploma						
Name			City	State	Zip Code	Did you Graduate?
College/University/Professional & Trade Schools						
1.	Institution Name		Degree Earned	Attended From	Attended to	Did you Graduate?
	Address		City		State	Zip Code
2.	Institution Name		Degree Earned	Attended From	Attended to	Did you Graduate?
	Address		City		State	Zip Code
3.	Institution Name		Degree Earned	Attended From	Attended to	Did you Graduate?
	Address		City		State	Zip Code

Emergency Contact Information: list at least 1 name, address, cell phone and eMail contact information for any persons who may be reached in the event of an emergency or urgency of the applicant: