

EMPLOYMENT APPLICATION

University of Rochester
Strong Memorial Hospital
Online application available at www.rochester.edu/jobopp

EQUAL OPPORTUNITY EMPLOYER

Name

(Last) _____ PRINT

(First) _____ PRINT (Middle) _____

Address

(Number & Street) _____

(City, State & Zip) _____

Telephone Number _____

Alternate Number _____

E-Mail Address _____

Social Security Number _____ - _____ - _____

Full-time Part-time TAR (Time-As-Reported)

Are you interested in joining STRONG STAFFING while you are searching for a regular position? (A temporary placement department for clerical and service maintenance positions) _____
..... Yes No

Have you ever applied/interviewed with the University of Rochester?..... Yes No
If yes, please indicate when: _____

Have you ever been employed by the University of Rochester or Strong Memorial Hospital? Yes No
If yes, please indicate dates employed _____

Department _____ Reason for leaving _____
If you worked under another name, please provide _____

Have you ever worked at the University of Rochester or Strong Memorial Hospital through a temporary agency? Yes No
If yes, please indicate the dates and agency name _____

Are you presently, or have you ever been, a student at the University of Rochester? Yes No
If yes, please indicate dates _____

If currently a student, please indicate your status: Part-time Full-time

How did you hear about employment opportunities with the University of Rochester?
(Please check one)

- | | |
|------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Democrat & Chronicle | <input type="checkbox"/> U of R website |
| <input type="checkbox"/> Past/Present Employee | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Other Newspaper (specify): _____ | |
| <input type="checkbox"/> School/College (specify): _____ | |
| <input type="checkbox"/> Community Agency (specify): _____ | |
| <input type="checkbox"/> Other (specify): _____ | |



EMPLOYMENT & SERVICE CENTER
P.O. Box 278955
Rochester, NY 14627-8955

For Office Use Only: System Number _____

Last Name, First Name

EDUCATION

NAME OF SCHOOL	MAJOR OR PROGRAM	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE? (Y/N)	DEGREE OBTAINED
HIGH SCHOOL/GED (City / State)				
COLLEGE (City/State)				
COLLEGE (City/State)				
OTHER (City/State)				

EMPLOYMENT HISTORY

List the last four employers, starting with the present or most recent.

Please fill out this section completely, **IN ADDITION** to any resume you may be attaching.

Employer & Address	Supervisor's Name/Phone Number	Dates Mo./Yr.	Type of Position	Hourly Rate/ Salary	Reason for Leaving
1)		From To			
2)		From To			
3)		From To			
4)		From To			

WORK REFERENCES *(Please list only your previous supervisors; no personal references.)*

SUPERVISOR'S NAME / TITLE	ADDRESS & PHONE	COMPANY NAME
1)		
2)		
3)		

U.S. MILITARY (Please mark "n/a" if not applicable.)

I served in the _____ from _____ to _____
Branch of Service (Month/Day/Year) (Month/Day/Year)

If employment is offered, you will be required to produce documents establishing identity and authorization to work in the U.S. pursuant to the Immigration Reform and Control Act of 1986.

The University of Rochester values diversity and is committed to equal opportunity for persons regardless of age, color, disability, ethnicity, gender identity or expression, genetic information, marital status, military/veteran status, national origin, race, religion/creed, sex, sexual orientation or any other status protected by law. Further, the University complies with all applicable nondiscrimination laws in the administration of its policies, admissions, employment, and access to and treatment in University programs and activities.

This application may be available for review by all divisions of the University of Rochester and will become a permanent record for those employed. Therefore, all questions must be answered in their entirety where applicable.

I hereby certify that the information herein is correct, and I understand that any misrepresentation, including omission of information, when discovered, will result in termination. I also understand that I may be required to complete a post-offer health assessment that may include a drug test. I am also aware that a criminal background check may be performed. In addition, I authorize release of reference information by all past / present employers and educational institutions as well as references provided by me.

I understand that this application is neither a contract of employment nor an offer of a contract of employment, express or implied, between me and the University of Rochester. I further understand that if I should become employed by the University of Rochester, my employment shall be at will, which means that it may be terminated by me or by the organization at any time, for any reason or no reason, with or without notice.

Date _____ Applicant's Signature _____

**Please do not write below this line.
For office use only**

Position Code: _____ Pay/Salary Grade: _____ Position Title: _____

Rate of Pay: _____ Hr/Yr Time Status: F/T P/T TAR

Division: _____ Department: _____

Health Assessment OMP/UHS Date: _____ Orientation Date: _____ Hire Date: _____

HR Contact: _____ OIG Date: _____ GSA Date: _____ Checked by: _____

Criminal Check Complete _____ Educational Verification _____ CNET Date: _____ PSV: _____