

# EMPLOYMENT APPLICATION

University of Rochester  
Strong Memorial Hospital  
Online application available at [www.rochester.edu/jobopp](http://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 is an equal opportunity employer. The University does not discriminate on the basis of race, creed, color, religion, national origin, citizenship, age, sex, sexual orientation, disability, marital status, veteran status, or any other status protected by law.

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: \_\_\_\_\_

RBA CHECK COMPLETE \_\_\_\_\_ CNET Date: \_\_\_\_\_ PSV: \_\_\_\_\_