

Candidate Profile

PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING THE APPLICATION:

To be considered an applicant YOU MUST answer every question on the application AND include your entire employment history. Incomplete applications will be not processed. The completed application and any necessary attachment must be emailed to jobs@etainhealth.com.

EOE Statement

Etain, LLC is an Equal Opportunity Employer. Equal employment opportunity is a fundamental principal at Etain, where employment is based on personal capabilities and qualifications without discrimination because of: race, color, creed, religion, gender, national or ethnic origin, age, disability status, genetic information and predisposing genetic characteristics, veteran status, military status, domestic violence victim status, victim of stalking status, any other status protected by applicable law and any other occupationally irrelevant status or criteria.

If hired, I understand my employment is at-will as permitted under applicable state law. I understand this means that either the company or I may terminate the employment relationship at any time, for any reason, with or without notice or cause.

Text

Personal Information

Full Name:		Date of Application:	
Position Applying For:		Application Method:	
Location Applying For:	Counties: <input type="checkbox"/> Warren <input type="checkbox"/> Onondaga <input type="checkbox"/> Albany <input type="checkbox"/> Ulster <input type="checkbox"/> Westchester	Referral Source:	
Primary Phone:		Alternate Phone:	
Address:			
Email Address:			

Core Questions

Please enter the name of the specific source where you learned about this position:			
If hired, would you be able to present evidence of your legal right to work in the United States (proof required upon employment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your minimum salary requirement for this position?	\$	Date available to begin employment?	

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If the need arose, are you willing to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of or pled guilty to a felony, misdemeanor, violation or other crime (other than a traffic violation)? [NOTE: A conviction does not automatically disqualify an applicant from employment. Each case is considered an evaluated on its individual merits in relations to the duties, requirements and responsibilities of each position.]	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," please attach a separate sheet explaining each and include dates)

Education

Please complete the following for each education institution attended and degree earned. A copy of your highest degree or official transcript is required prior to background check.

Institution:		Institution Type:	
Location:		Start Date:	Completion Date:
Degree:		Overall GPA:	
Major:			
Notes:			
Institution:		Institution Type:	
Location:		Start Date:	Completion Date:
Degree:		Overall GPA:	
Major:			
Notes:			
Institution:		Institution Type:	
Location:		Start Date:	Completion Date:
Degree:		Overall GPA:	
Major:			
Notes:			

Please provide a resume if available.

Employment History			
Employer:			
Phone:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:			

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May we contact?			
Employer:			
Phone:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:			
May we contact?			
Employer:			
Phone:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:
Supervisor:			
May we contact?			

US Military Experience	
Have you ever served in any branch of the United States Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Type of Discharge:	

Skills Experience				
Skill:				
Last Used:		Skill Level:		Years of Experience:
Skill:				
Last Used:		Skill Level:		Years of Experience:
Skill:				
Last Used:		Skill Level:		Years of Experience:

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Licenses and Certifications

Note: Copies required at time of hire. Please include driver's license if relevant to position.

Certification/License Type:		Registration Number:	
Geographic Area:		Certification Date:	
Certification/License Type:		Registration Number:	
Geographic Area:		Certification Date:	
Certification/License Type:		Registration Number:	
Geographic Area:		Certification Date:	

Have you ever been investigated by, or subject to disciplinary proceeding by a professional licensure or disciplinary agency (such as the Office of Professional Discipline, The Office of Medical Conduct, or the Department of Health), in New York or in any other state? Yes No (If "Yes," please explain and provide dates)

Previous Names

Name:	
Name:	
Name:	

Previous Addresses

Address:	<i>From:</i>	<i>To:</i>
Address:	<i>From:</i>	<i>To:</i>
Address:	<i>From:</i>	<i>To:</i>

References

Name:		Personal Reference?	
Organization:	Title:		
Phone:	Email:		
Address:			
Name:		Personal Reference?	
Organization:	Title:		
Phone:	Email:		
Address:			
Name:		Personal Reference?	
Organization:	Title:		
Phone:	Email:		
Address:			

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Please read carefully before signing.

I certify that the facts set forth in this candidate profile and attached application materials, including but not limited to my resume, are complete, true and accurate to the best of my knowledge. I certify that I have not omitted any information from the application. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for this position or if employed, disciplinary action up to and including discharge.

I authorize the company to confirm all statements in this application and/or on my resume as it relates to the position and to the extent permitted by applicable law. I hereby release the company and its authorized representatives to verify all information provided by me. I authorize the references listed on the application to give any and all information concerning my previous employment and any pertinent information they may have, whether personal or otherwise. I release all parties from all liability for any damage that may result from furnishing reference information.

I understand that my application as a regular status employee may require background checks per state regulations and/or requirements through applicable agencies. If required, such checks may include but are not limited to Criminal Background Check/Investigation/Certification, Social Security Number verification and Motor Vehicle Record Checks. I agree to complete any requisite authorization forms and to provide fingerprints if necessary. I understand that if hired, the company will receive ongoing notifications of arrests for any employee whose position is subject to criminal background checks.

I am aware that I have the right under the Fair Credit Reporting Act to request from the vendor performing the background check, the nature and scope of any report they have prepared in conjunction with the verifications related to my application of employment. I authorize and request all courts and law enforcement agencies to release such information without restriction or qualification. I hereby release the company, its officers and agents, from any liability or responsibility arising from the preparation of any above-described background check, investigation or report, and any resulting outcome or consequences, as well as any liability and responsibility arising from obtaining, reviewing, discussing any information gathered in connection with a review of my application, and any resulting consequences.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. IF HIRED, I UNDERSTAND THIS MEANS THAT EITHER THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE OR CAUSE. I FURTHER ACKNOWLEDGE MY UNDERSTANDING THAT NO EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT, EXPRESS OR IMPLIED, WITH ME OR ANY OTHER APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

I have read all of the information contained in this candidate profile.

Print Name:		
Signature:		Date:

The completed application and any necessary attachment must be emailed to jobs@etainhealth.com.