

# EMPLOYMENT APPLICATION

## Jones Memorial Hospital

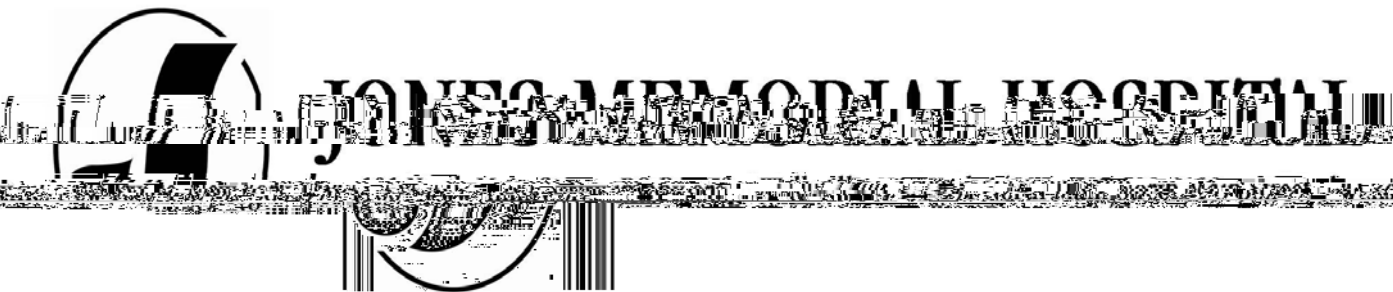
191 North Main Street, PO Box 72, Wellsville NY 14895  
www.jmhny.org Phone: 585-593-1100 Fax 585-596-4122

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	









Dear Applicant,

New York State Correction Law Article 23-A prohibits unfair discrimination against persons previously convicted of one or more criminal offenses. Factors such as, but not limited to, age and date of conviction, the seriousness and nature of the crime, rehabilitation, and relations of the crime to the job duties will be considered in determining whether a record of conviction will disqualify you from employment. If you have indicated on the employment application that you have been convicted of a felony or misdemeanor, please complete the information below and include this with your application.

**Criminal Conviction Information**

APPLICANT NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

Please list the conviction (If multiple convictions, use separate sheets for each item) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long has passed since the commission of the offense? \_\_\_\_\_

\_\_\_\_\_

What age were you at the time of the offense? \_\_\_\_\_

Please explain the circumstances of the offense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE