Completing the Application/Eform

1. Click on URL in email to start filling form out. If URL is not in link format, copy and paste into web browser.

Tue 6/23/2020 10:39 AM

NYU Langone <openhire_generated@silkroadtech.com>

NYU Langone Health Online Application

To   Latif, Taslema

Hi Fake Test,

Thank you for your interest in the **Faculty Group Practice Ultrasound Technician(35) - Part Time; Bay Ridge,Brooklyn (1069138_RR00041193)** position with NYU Langone Health. We reviewed your resume and profile information as submitted through our career website, and would like to gather more information regarding your experience and background.

Please click on the link below to complete the **ONLINE APPLICATION**.

https://nyulangone-openhire.silkroad.com/epostings/?enc=058CA8BC44028702558F2185465164BFF4

If you have any questions or concerns, please feel free to contact me directly.

Thank you,
Taslema Latif
NYU Langone Health

2. Ensure all of the information listed on the personal information page is accurate. If not, make necessary changes, then click on continue.

Personal Information

PERSONAL INFORMATION
Required fields are marked with an asterisk (*).

First Name *

Fake

Middle Name

Last Name *

Test

Suffix

Country of residence *

United States ▼

Address *

111 N. Michigan Ave

City *

Chicago

State/Location *

Illinois ▼

Postal Code *

60601

Primary Phone *

212-404-3762

Secondary Phone

Email Address *

fake.test@nyulangone.org

Continue

3. Read carefully and answer **ALL** questions on the Background Information page and click on continue.

Updated 8/2021

NYU Langone Health

Background Information

Are your former employment references or education listed under a name other than that stated above? *	○ Yes ○ No

If yes, please indicate former name.	First	Middle	Last
	[ ]	[ ]	[ ]

Please select the statement that describes you below:*	○ I am 18 years of age or older. ○ I am under 18 years of age.
Are you currently employed at any unit or affiliation of New York University? *	○ Yes ○ No
If yes, what unit?	[ ]

Were you ever an employee or a volunteer at NYU Langone Hospitals (NYU Tisch Hospital, NYU Langone Hospital-Brooklyn, NYU Langone Orthopedic Hospital), NYU School of Medicine, NYU Langone Health System, any of their affiliates (Woodhull Hospital, Bellevue Hospital, Gouverneur Hospital, NYU Winthrop), or at NYU Lutheran Augustana Center, NYU Lutheran CHHA, Inc., NYU Lutheran Community Care Org, or the Family Health Centers at NYU Langone? *	○ Yes ○ No
If yes, in what capacity.	[ ]

NYU Langone places certain restrictions on business relationships between individuals within the same department who are "related." An individual is considered a "Related Employee" with respect to another NYU Langone employee if the person is a(n): (i) family member by blood, marriage or adoption; (ii) domestic partner, significant other in a consensual relationship or roommate; (iii) individual who is not legally related but who resides with a NYU Langone employee; (iv) this definition applies to current relationships and former relationships in the categories above. Do you have any Related Employee(s), currently employed by NYU Langone Hospitals (NYU Tisch Hospital, NYU Langone Hospital-Brooklyn, NYU Langone Orthopedic Hospital), NYU School of Medicine, NYU Langone Health System, any of their affiliates (Woodhull Hospital, Bellevue Hospital, Gouverneur Hospital, NYU Winthrop), or the Family Health Centers at NYU Langone? *	○ Yes ○ No

NYU Langone Health does not restrict the hiring of relatives of employees or members of the same household, however, such individuals are not permitted to hold positions subject to the supervision of the other. If assigned to a NY City Health & Hospitals Corporation affiliate location, the individuals may not be assigned to the same unit/department.

Please note - employees and candidates for employment must inform the NYU Langone Health Human Resources Department of any changes in relationship or familial status whereby they would be subject to the Related Employee policy.

Have you ever been excluded, suspended, debarred or otherwise deemed ineligible to participate in a federally-funded healthcare program? *	○ Yes ○ No
If yes, please explain	[ ]
Since your exclusion, suspension, debarment or ineligibility from federally-funded healthcare programs, have you been reinstated? *	○ Yes ○ No ○ N/A
If no, please specify	[ ]
Has your professional licensure ever been suspended or revoked? *	○ Yes ○ No
If yes, please explain	[ ]

[Previous] [Continue]

4. Select employment preferences and click on continue.

Employment Preferences

| Desired Work Days? * | ☐ Sunday ☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☐ Saturday |

| Desired Shift? * | ☐ Any ☑ Day ☐ Evening ☐ Night ☐ Weekends |

| Would you work any assigned shift? * ⦿ Yes ○ No | If no, Specify |

Previous   Continue

5. Complete the education section listing all schools you've attended and diplomas/degrees you've earned. ***Note: If you do not see your school, degree or major listed, please use the free text fields to type your answers in. Also, for date and GPA, please be sure to follow the format provided.***

NYU Langone Health

Educational Background

Information provided on Employment Applications must be complete and truthful. Any omissions, misleading, or false statements render this application void and will result in immediate dismissal in the event of employment.

Education Level

Highest Education	Bachelor's Level Degree ⌄

High School

Country *	School State *
USA ⌄	NY ⌄

School City *

Queens

School Name *	Level Completed? *
Richmond Hill High	Diploma or Equivalency ⌄

Completed? *
● Yes ○ No

College/University 1

Country	School Name
USA ⌄	Albion College ⌄

School Other	School State
	NY ⌄

School City

NY

Diploma/Degree	Diploma/Degree Other
Bachelor Of Arts ⌄	

Major	Major/Other
Administration ⌄	

Did you graduate?	Graduation Date (mm/yyyy)
● Yes ○ No	05/2005

End Date (mm/yyyy)	GPA (9.99)
05/2005	3.76

Describe any specialized training, apprenticeships, etc
(maximum of 500 characters)

N/A

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Educational Background

Information provided on Employment Applications must be complete and truthful. Any omissions, misleading, or false statements render this application void and will result in immediate dismissal in the event of employment.

Education Level

Highest Education	Bachelor's Level Degree ⌄

High School

Country *	School State *
USA ⌄	NY ⌄

School City *
Queens

School Name *	Level Completed? *
Richmond Hill High	Diploma or Equivalency ⌄

Completed? *
◉ Yes ○ No

College/University 1

Country	School Name
USA ⌄	-- ⌄

School Other	School State
Albion University	NY ⌄

School City
NY

Diploma/Degree	Diploma/Degree Other
-- ⌄	Bachelor of Arts

Major	Major/Other
-- ⌄	Administration

Did you graduate?	Graduation Date (mm/yyyy)
◉ Yes ○ No	05/2005

End Date (mm/yyyy)	GPA (9.99)
05/2005	3.76

Describe any specialized training, apprenticeships, etc
(maximum of 500 characters)

N/A

6. (a) If you have a license/certification, please enter the information in the Professional License/Certification section.

License/Certification *

Am Rgtry Diagn Med Songhr Cert

Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)
12/08/2005	12/08/2025

Renewal Required?
○ Yes ● No

Renewal in Progress?
○ Yes ● No

License / Certification Number	Issued By
415544554	ARDMS

(b) If you do not have a license/certification, please select the option "No License/Certification".

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No License/Certification
Advanced Cardiac Life Support
Ahim Assoc-Cert Coding Spclst
Allied Health Field Appointment
Am Assoc Clin Pathlgst/nca
Am Assoc Pathlgst Assts Certn
Am Dietetic Assoc Certn
Am Hlth Info Mgmt Assoc-AHIMA
Am Orthoptic Cncl Certn
Am Regtrn Of Radiologic Tech
Am Rgtry Diagn Med Songhr Cert
Amer Scty Electroneur Tec-ASET
ASCP Htl Certification
Asha Certification
Athletic Trainer NYS License
```

7. Select any language preferences and click on continue.

Languages

Primary Language

Primary Language *
English

Native Language?
● Yes ○ No

Translator?
○ Yes ● No

Teacher?
○ Yes ● No

Speaking Proficiency?
3 - High

Reading Proficiency?
3 - High

Written Proficiency?
3 - High

Additional Language 1

Additional Language 1
--

Native Language?
○ Yes ○ No

Translator?
○ Yes ○ No

Teacher?
○ Yes ○ No

Speaking Proficiency?
--

Reading Proficiency?
--

Written Proficiency?
--

Other Information

Other Training or educational background information
(maximum of 500 characters)

Previous   Continue

8. Enter in last 4 places of employment under employment section and click on continue. *Note: Be sure to follow the format requested for the dates.*

Employment History

Please list your most recent Employer First, also please include externships, internships or clinical experience as appropriate.

Information provided on Employment Applications must be complete and truthful. Any omissions, misleading, or false statements render this application void and will result in immediate dismissal in the event of employment.

Do you have additional PAID employers within the last 7 years that are not listed on the eForm? *
○ Yes ⦿ No

Employer 1

Employer Name *
Test

I am currently employed with this employer?*
⦿ Yes ○ No

Type of Business *
Test

Employer's Address *
Test

City *
Test

State *
NY

Zip Code *
10016

Phone Number (XXX-XXX-XXXX)*
212-404-3618

May we contact this employer? *
⦿ Yes ○ No

Job Title *
Test

Starting Date *(mm/dd/yyyy)
06/01/2012

Ending Date (mm/dd/yyyy)*
If currently employed enter today's date.
08/15/2021

Supervisor's Name *
Test

Supervisor's Title *
Test

Reason for leaving or seeking other employment? *
(maximum of 500 characters)
Test

Brief description of job *
(maximum of 500 characters)
Test

9. Read through the "Conditions of Application and Employment" and check the two boxes. Type your full legal name and click on continue. ***Note: If you receive an error message saying that the name entered does not match, copy your name as shown in the error pop-up and paste into the signature box and then click on Continue.***

Updated 8/2021

Conditions of Application and Employment

I certify that the information contained in this Employment Application is correct to the best of my knowledge. I authorize investigation of all matters contained in the application and agree that any misleading or false statements render this application void and are sufficient cause for immediate dismissal in the event of employment. I understand that my employment is contingent upon satisfactory completion of both a physical examination and consumer report plus the receipt of satisfactory work and education references. I authorize and request the release of information regarding my employment record (including a statement of whether I am eligible for rehire, reason for separation, work performance, abilities, and qualities relevant to my application for employment), and release NYU Langone and all my present and former employers, their agents and representatives from any and all liability arising from the release or communication of this information. I authorize and request the release of information regarding my academic record to NYU Langone. I represent that there are no restrictive covenants, non-compete agreements, non-disclosure agreements, or other contractual limitations that prevent me from accepting employment and performing the full functions of my position at NYU Langone. If employed, I agree to provide acceptable proof of age and work authorization and to abide by all NYU Langone rules and regulations. If employed, I authorize NYU Langone to conduct any and all verifications as permitted by federal, state, and municipal codes and regulations. I understand that my employment is not governed by any written or oral contract and is considered an "at will" arrangement. This means that I am free, as is NYU Langone, to terminate the employment relationship at any time as long as there is no violation of applicable federal, state, or local law.

☑ I agree to the statements of the authorization above. *   ☑ I hereby Authorize this electronic signature submittal to serve as my legal signature. *
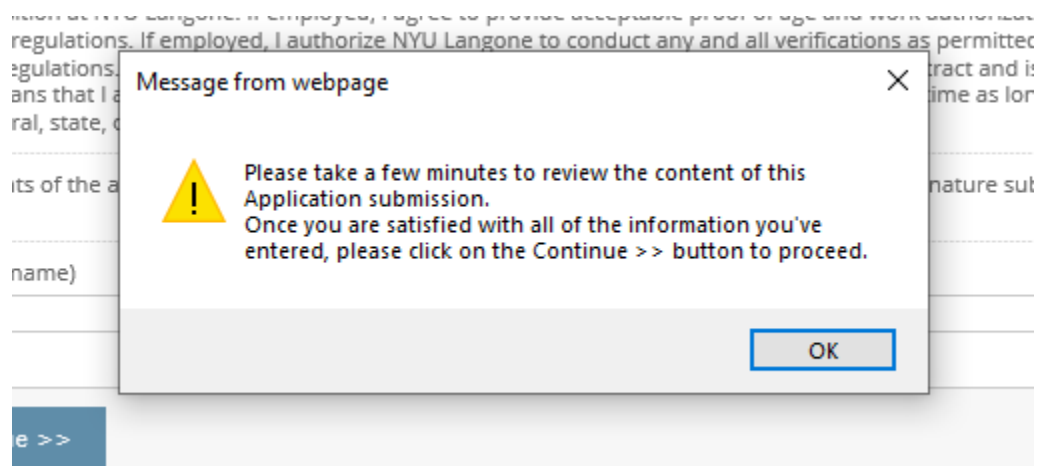
Signature *(enter full legal name)   Date *(mm/dd/yyyy)

Hermoine Weasley   08/15/2021

[Previous]   [Continue >>]

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10. Click "OK" on the message pop up to review your entries then click on continue.

Message from webpage   ✕

⚠ Please take a few minutes to review the content of this Application submission.
Once you are satisfied with all of the information you've entered, please click on the Continue >> button to proceed.

[OK]

11. Review all entries for accuracy and if no changes are needed, click on "Submit and Continue" on the top right corner of the page.

Electronic Form

The electronic form submission process has not been completed. To complete the submission of this electronic form and continue the process please click on the "Submit and Continue >>" button.
You may also print this electronic form for your own personal records from this page.

Print   Submit and Continue >>

Personal Information

PERSONAL INFORMATION
Required fields are marked with an asterisk (*).

First Name	Middle Name	Last Name	Suffix
Fake		**Test**	
Country of residence			
US			
Address			

12. You should then receive a message confirming that your application has been successfully submitted. ***Note: Please be sure to click on both the "Continue" button after your electronic signature and the "Submit and Continue" button on the top right corner of the review page to ensure your submission goes through and you receive the below message.***

Your application has been successfully submitted.
Thank you for your interest in NYU Langone!
Thank you for your submission in reference to the **Faculty Group Practice Ultrasound Technician(35) - Part Time; Bay Ridge,Brooklyn-1069138_RR00041193** opening.

In order to successfully receive further communications regarding your submission, please adjust any email/spam filters to allow delivery from the silkroad.com domain.

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