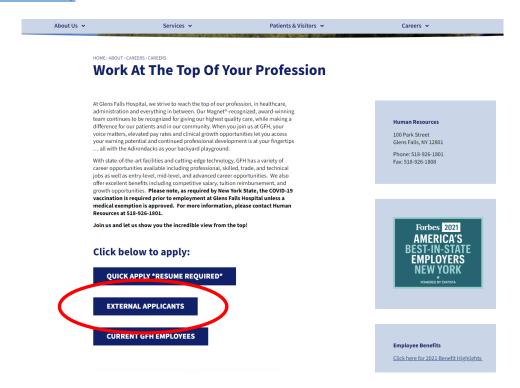


IMPORTANT NOTE

Please be sure to apply using a computer or laptop. Smartphone/tablets do not work well with this website.

Step 1: External Applicants, Search for and Selecting Jobs

Select "External Applicants" Box on <a href="https://www.glensfallshospital.org/about/careers/glens-fallshos

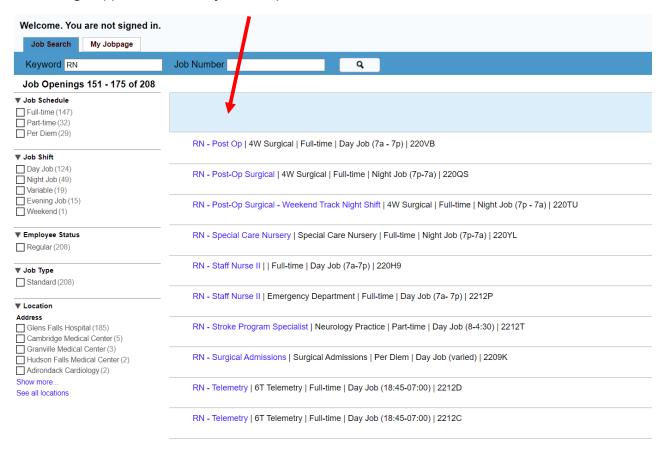


Once you have done so, you will be redirected to our application platform (Taleo). At this point, you can either search open positions by job title/keyword (Ex: "Patient Care Associate, Registered Nurse, Housekeeper") or by Job Number (Ex: "220H9" for "RN - Staff Nurse II").



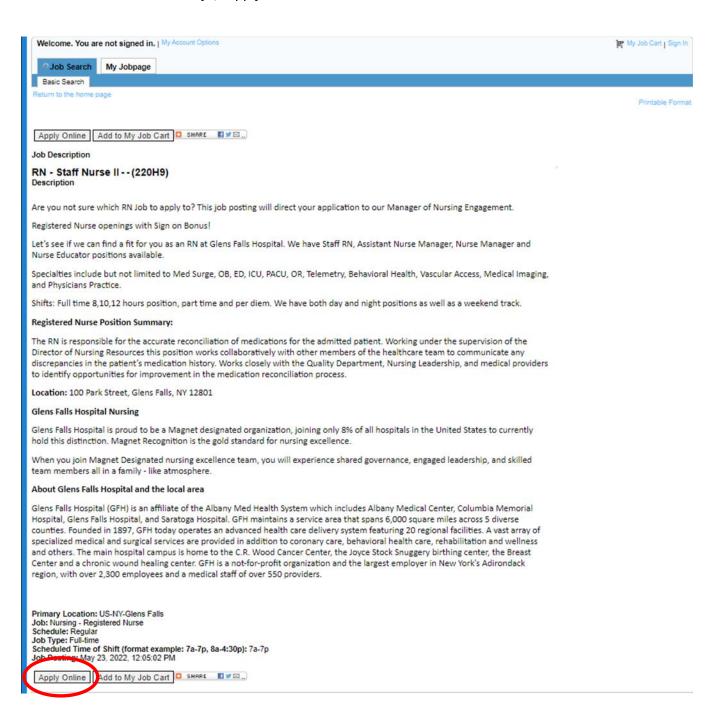
Step 2: Choosing a Job

Search job by keyword and use filters along the left side to narrow your search. Then, click on the **Blue Job Title** to begin application or view job description:





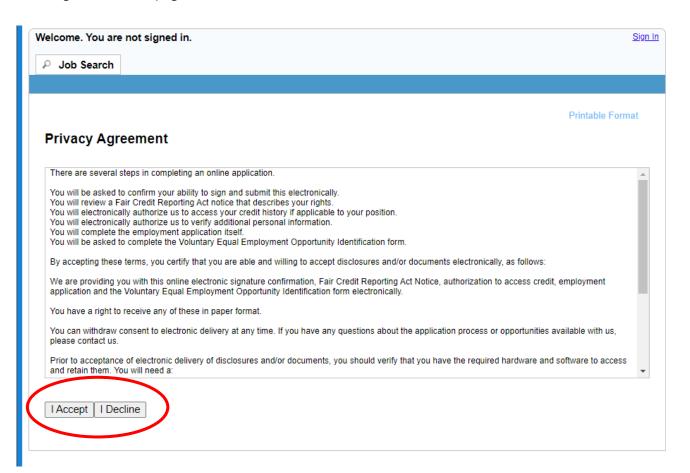
You will then be directed to that positions job description. To apply, click the box at the bottom or top left corner of the screen that says, "Apply Online".





Step 3: Privacy Agreement

Carefully read the privacy agreement associated with our application system and make a decision to accept or decline the agreement. If you chose "I Decline", no further action is needed on your end. However, you will be unable to proceed with the application. If you choose "I Accept" you will then be brought to the next page.



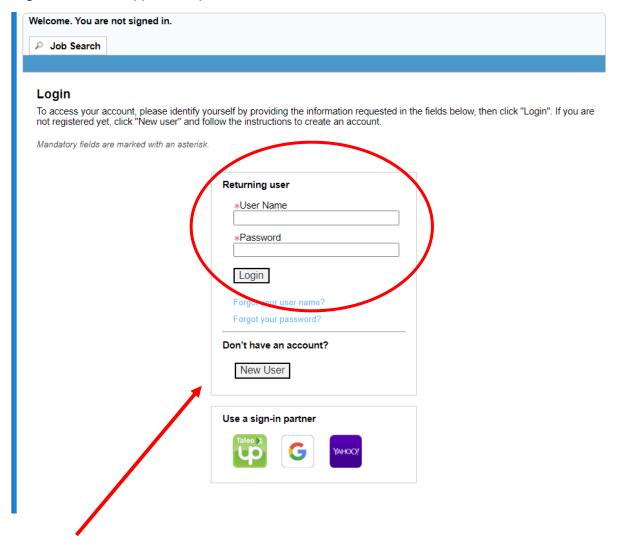


Step 4: Log in or Create an Account

Like many other job boards, we will need for you to either log into your account if you are a returning applicant, or create an account if you are a new applicant

Returning Users

Log in using your username or password. If you are unable to remember this information, please call the HR front desk at (518)926-1801 for assistance. Once you have logged into your account, please follow through the standard application process.



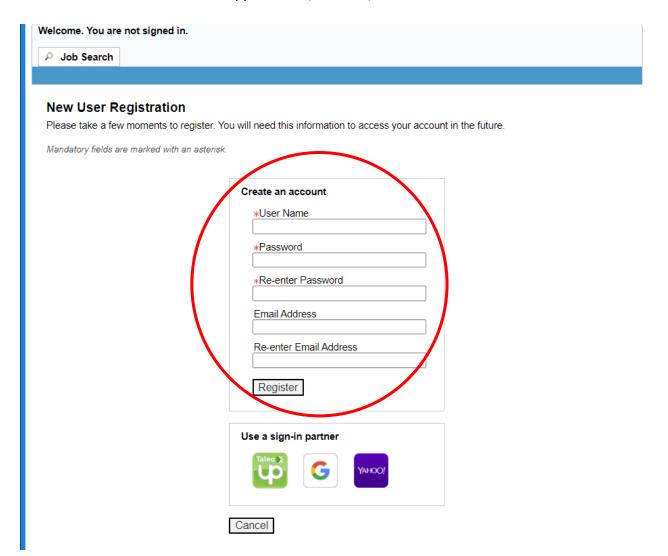
New Users

Click the "New User" box to create your account.



Step 5: Creating a Username and Password

As a new user, you will need to create a unique and secure username and password. Please be sure to keep track of this information for further applications (if needed) and store this information in a secure area.

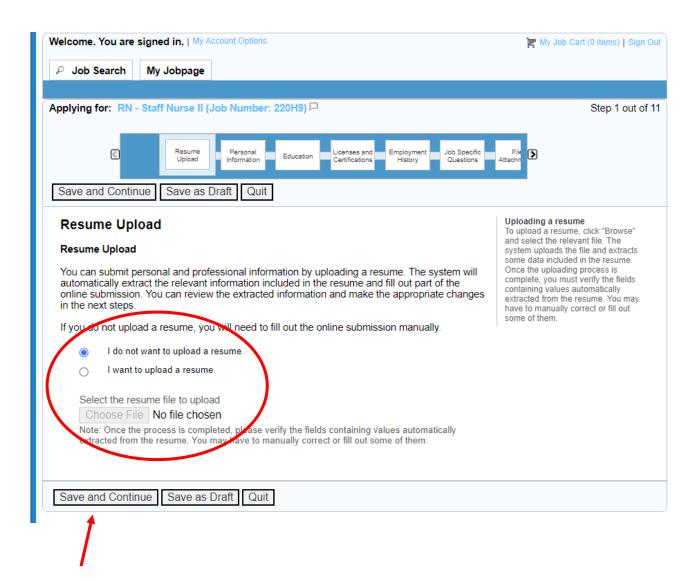


If you receive an error message, please review it, and follow the provided instructions. If you are successful, you will then be brought to the first stages of the application.



Step 6: Resume Upload

The first stage of the application will give you the option to upload your resume for our review. We encourage all applicants to upload their resume so that we can carefully review their qualifications in line with each role they chose to apply for. If you wish to upload a resume, select the "I want to upload a resume" option. If you wish to bypass this option, select the "I do not want to upload a resume" option.



Once completed, press the "Save and Continue" box at the top or bottom left corners to proceed.



Step 7: Entering Contact information and Completing Required Questions

Here, you will need to fill in your contact information. Please note that First/Last Name, Street Address, City, Zip/Postal Code, Place of Residence, Primary Phone Number, and Email Address are all required fields (* = required field). This means that you cannot complete your application without filling out the required information. You will also need to complete all of the required questions and select the option in the dropdown menu (click on the downwards arrow inside each box) which applies to you. Once finished, you may click the Save and Continue box to move on.

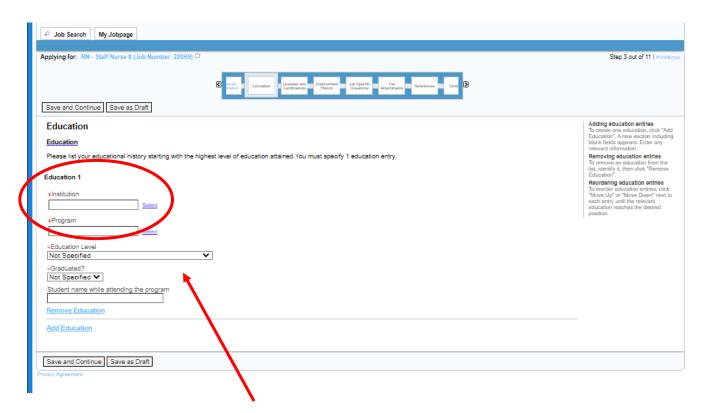
	S sums Personal Sociation Confederation Conf				
Save and Continue Save as Draft					
Personal Information					
Personal Information					
Please enter all relevant personal information in the fields below.					
*First Name	Middle Name *Last Name				
*Street Address (line 1)					
Address (line 2)					
*City	•ZipiPostal Code				
*Place of Residence - Please select					
the nearest metropolitan area to you					
Country Not Specified					
Please provide desired contact phone numbers in the fields below. Please use this format: 312-555-1212.					
*Primary Phone Number	Secondary Phone Number				
*Email Address					
*Cital nucleos					
Desired Salary					
	The African Control of the Control o				
*If you are offered employment, can you furnish documents proving your identity and legal authorization to work in the Unite Not Specified V	illed States, as required by the government?				
#Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? [Not Specified ▼]					
*is there anything that will prevent you from performing job-related functions of the position for which you are applying? Not Specified V					
**In the past year, have you worked for a Medicare Fiscal Intermediary, such as Medicare, Medicare, Medicare Administrative Contractor (MAC) or as a subcontractor such as National Governmental Services, Noridian Healthcare Solutions, etc.? Not Specified ** Not Specified **					
*Were you previously employed by Glens Falls Hospital? Not Specified V					
If you have previously worked at Glens Falls Hospital, please provide any other names used at the time of employment. If the	f this is not applicable, please write "n/a".				
Source Tracking					
Please indicate how you heard about this job.					
*Source Type Select One •					
Save and Continue Save as Draft					
Curo una Commado Care as Dian					



Step 8: Education

In this step, you will be asked to enter in your education history. Please start by entering your highest form of *completed* education. You may also enter in any educational history that is not yet completed.

This section requires you to fill out both the institution that you attended, as well as the program that you went to school for. (If this is a technical diploma or vocational certification, please fill out this information as well). These fields can be completed by typing the requested information into each box:



The fields below this ask for you to pick an option from the drop-down menu for both the education level (For example: "High School Diploma/GED") and completion status (For example "Yes" or "No"). To complete these fields, click on the downwards arrow inside each box, and select the option that applies to you. If you attended this institution under a different or previous name, please type it int the box "Student name while attending the program." Once finished, you may click the Save and Continue box to move on.



Step 9: License and Certifications

The next step will ask if you wish to provide any relevant licensure you may hold for the position(s) you are applying for. Take a careful look at the job description: Some positions require a specific licensure for you to be considered or list a preferred set of credentials for the role. If any of these apply to you, and the role(s) you are applying for, please complete this step.

If you wish to complete this step, please carefully enter the fields of "License or Certification", "Issuing Organization" and "Number/ID" which apply to you. If these credentials have an issue and/or expiration date, please pick an option from the drop-down menu for the month and year of the Issue Date and Expiration Date (if applicable). If you do not wish to complete these steps, you may click the Save and Continue box to move on. If you wish to add or remove further licensure, you can click the Add-Certification or Remove Certification options.

icense or Certification Select	
ssuing Organization	Number/ID
ssue Date Month Year Year	Expiration Date Month Year
this certification will be received in the future, enter the expected issuing demove Certification	ate.
dd Certification	



Step 10: Employment History

This section will ask for you to fill out your employment history, starting with your current (if applicable) or most recent employer. To do this, you will need to complete the "Employer" and "Job Title" sections by typing the appropriate information into each box. You will also be asked to enter in the month and year for your "Start Date" and "End Date" for each employment instance by picking an option from the drop-down menu for each field. If this is your current role, please click on the "Current Job" box to bypass the "End Date" option. You will also need to complete the "Job Duties" section by typing in the appropriate information that best describes your previous role. Please be as thorough as possible when entering this information. Lastly, you can add further work history, or remove work history by clicking the Add Work Experience or Remove Work Experience options. Once finished, click the Save and Continue box to move on.

Employment History	
Work Experience	
Please list your work experience below, starting with your current experience entry.	or most recent position.
Work Experience 1	
*Employer	
Select	
*Job Title	
*Start Date Month ✓ Year ✓ Month ✓ Year ✓ Current Job	
*Job Duties	
Remove Work Experience	
Add Work Experience	



Step 11: File Attachments

This step allows for you to upload a resume, cover letter, or any other relevant documentation which may help to highlight your candidacy. Of you wish to bypass this step, please click the Save and Continue box to move on. If you wish to upload documentation, click the "Choose File" option to upload each file from your computer. If you wish to enter any comments about the file, such as a description, you may do so by typing in the "Comments about the file" box. Once finished, please click the Save and Continue box to move on.

File Attachments	Fi	le.	Αt	ta	ch	m	en	ts
------------------	----	-----	----	----	----	---	----	----

Attachments

Attach

u	oan attach files to the candidate record (e.g.: cover letter, resume, references, transcripts, etc.). Once a file is attached, you can overwrite it by attaching a file with exactly the same name and extension
	Select the file to attach Choose File No file chosen
	Comments about the file

This section displays basic information regarding the files attached to the candidate record. You can delete some or all the files. The "Relevant Files" column allows you to select the files relevant to this job submission. Also, please indicate which of the attached documents is your Resume.



Step 12: References

This step will ask for you to list provide complete contact information for the three professional references in a leadership role (example - current or past supervisor/manager, professor or school advisor.)

References from friends, relatives or coworkers will not be accepted. You must specify 1 reference entry. To complete this, start by picking option from the drop-down menu for the "Type" box (For example:

Occupational). You will then be asked to enter the first and last name of each reference by typing in the "First Name" and "Last Name" boxes. You have the option to specify the length of time you have known each reference by clicking the dropdown menu in the "How long have you known this person?" box and selecting the appropriate option (ex: < 1 year). You also have the option of entering the employer and title of each reference, as well as their email typing in the "Employer", "Title", and "Email Address" Boxes respectively. Lastly, you will be required to enter in the best phone number for each reference by typing in the "Phone Number" box. If you wish to add or remove reference, you may do so by clicking the Add Reference or Remove Reference options. Once finished, please click the Save and Continue box to move on.

References

References

Please provide complete contact information for the three professional references in a leadership role (not be accepted. You must specify 1 reference entry.

Reference 1

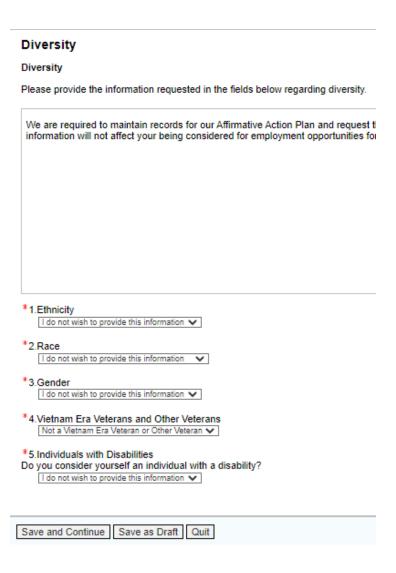
*Type	
Not Specified ▼	
*First Name	*Last Name
How long have you known this person?	
Not Specified 💙	
Employer	Title
Email Address	*Phone Number
Remove Reference	

Add Reference



Step 13: Diversity

We are required to maintain records for our Affirmative Action Plan and request that you complete the information that applies to you. The information is confidential and will be used solely for statistical purposes. If you choose to complete the form, the information will not affect your being considered for employment opportunities for which you are qualified. You will need to complete all of the required questions and select the option in the dropdown menu (click on the downwards arrow inside each box) which applies to you. Once finished, you may click the Save and Continue box to move on.





Step 14: E-Signature

Please following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page. Please note that an e-signature is the electronic equivalent of a hand-written signature. To complete this, please type your full name in the "Please enter your full name" box. Once finished, you may click the Save and Continue box to move on.

eSignature

eSignature

Please read the following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page. Please note that an esignature is the electronic equiva

Para informacion en espanol, visite www.consumerfinance.gow/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

I hereby certify that the information I have provided on this application is true, correct, and complete. I hereby authorize any employer, educational institution, government agency, physician, or hospital that has my record they may have concerning my employment and related matters to Glens Falls Hospital. Further, I release all parties and persons from any and all liability for any damage that may result from furnishing such information to or disclosure of such information by Glens Falls Hospital or any of its agents, employees, or representatives in connection with my application for employment or any inquiry from other prospective employers.

I understand that any misinterpretation, falsification, or material omission of information on this application may result in my termination, should Glens Falls Hospital discover such after my employment. In consideration o to the policies, values, code of conduct and standards of Glens Falls Hospital, as they may be amended from time at the hospital's discretion.

Glens Falls Hospital is a tobacco-free environment. Tobacco use including cigarettes, cigars, pipes, electronic cigarettes, and smokeless tobacco, is prohibited on all property owned, leased, or operated by Glens Falls H understand that nothing in this employment application, in Glens Falls Hospital's statements, human resources guidelines, or in my communications with any Glens Falls Hospital employee or representative is intended

I acknowledge that no promises regarding employment have been made to me. I understand that this application shall be considered "active" for up to six months, and that any offer of employment is conditioned on satisfur

Do Not E-Sign Until You Have Read The Above Statement.

By my eSignature below, I certify that I have read, fully understand and accept all terms of the foregoing statement. Please signify your acceptance by entering the information requested in the fields below.

*Please enter your full name:

Save and Continue | Save as Draft | Quit

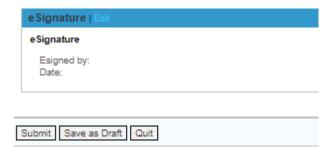


Step 15: Review and Submit

This is the last step in the application process. Here you will be asked to carefully review all of the information you have entered so far to ensure its accuracy. If you find that you wish to make edits on any part of the application, you may do so by clicking "<u>Edit</u>" in the right side of each field, next to its name (example Personal Information I Edit).

Review and Submit The following information will be submitted after you click the Submit button. Where an Edit link is displayed, yo Personal Information | Personal Information Full Name Street Address (line 1) Address (line 2) City Zip/Postal Code Place of Residence - Please select the nearest metropolitan area to you Primary Phone Number Secondary Phone Number Email Address Desired Salary If you are offered employment, can you furnish documents proving your identity and legal authorization to work in the United States, as required by the government? Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Is there anything that will prevent you from performing job-related functions of the position for which you are applying? In the past year, have you worked for a Medicare Fiscal Intermediary, such as Medicare, Medicaid, Medicare Administrative Contractor (MAC) or as a subcontractor such as National Governmental Services, Noridian Healthcare Solutions, etc.? Were you previously employed by Glens Falls Hospital? If you have previously worked at Glens Falls Hospital, please provide any other names used at the time of employment. If this is not applicable, please write "n/a". Source Tracking Source Type Source Education |

Once finished, click the "Submit" box to complete your application.





FAQ's

Q: Why will my application not go through?

A: Sometimes this happens if you are attempting to apply with a smartphone or tablet. If you are trying to apply this way, sometimes:

- 1) Your application will fail to submit correctly
- 2) You will be unable to upload supporting documents (or a resume with quick apply)
- 3) You will be prematurely expelled from the website

To fix this, you can try a few things:

- 1) Try applying with a computer or laptop. If you do not have one, try and see if you can borrow one. If no one can loan you a computer or laptop, try your local library, they should be able to allow you access to one of theirs.
- 2) If none of these options are suitable, you can try and apply using the Firefox browser. Occasionally, his browser can bypass some of the system errors leading to trouble submitting your application.

Q: I have been locked out of my account, what should I do next?

A: Contact our Human Resources Department, we may be able to help you troubleshoot this issue. If you try, and fail, to log into your account too many times, you may be locked out for security reasons. We can help by unlocking you account after verifying your identity.

Q: I created an account, and they system keeps telling me that my information is already attached to another account, what should I do next?

A) Contact our Human Resources Department, we may be able to help you troubleshoot this issue. You may have submitted an application or began an application several years ago using the same personal information (such as your email) that you are using now. We can help finding your old username, after verifying your identity.

Q: I forgot my username and password, what should I do next?

A: There is a self-service option for this issue.

- 1) If you forgot your username, click "Forgot your username?"
- 2) If you forgot your password, click "Forgot your Password?"

A verification communication will be sent to your email to help you with recovering/changing this information. Please be sure to read the communication carefully and allow enough time for it to populate in your inbox. If, after some time, this has not populated in your inbox check your span/junk folder. If you cannot find it in these, please check any other emails you have created the account under.



If none of your options are working, please contact the Human Resources Department, we may be able to help you troubleshoot this issue.

Glens Falls Hospital Human Resources Department Contact information:

Troubleshooting Questions:

HR Front Desk Phone: 518-926-1801

Questions about Job Opportunities (General)

Talent Acquisition Specialist Name: Jonah Bremenkamp

Talent Acquisitions Specialist Phone: 518-926-3421

Talent Acquisitions Specialist Email: Bremenjm@glensfallshosp.org

Questions about Job Opportunities (Nursing)

Talent Acquisition Specialist Name: Rachel DeLane

Talent Acquisitions Specialist Phone: (518)926-1813

Talent Acquisitions Specialist Email: rdelane@glensfallshosp.org