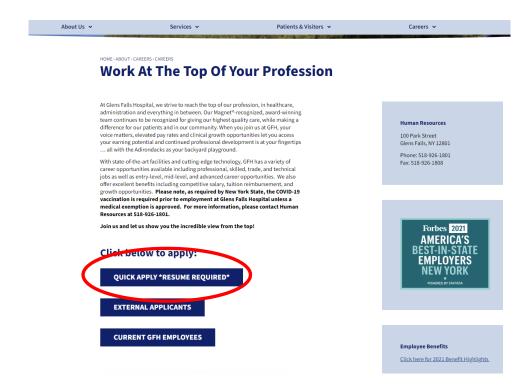


IMPORTANT NOTE

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

Step 1: Quick Apply, Search for and Selecting Jobs

Select "Quick Apply" Box on https://www.glensfallshospital.org/about/careers/glens-falls-hospital-careers/



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").

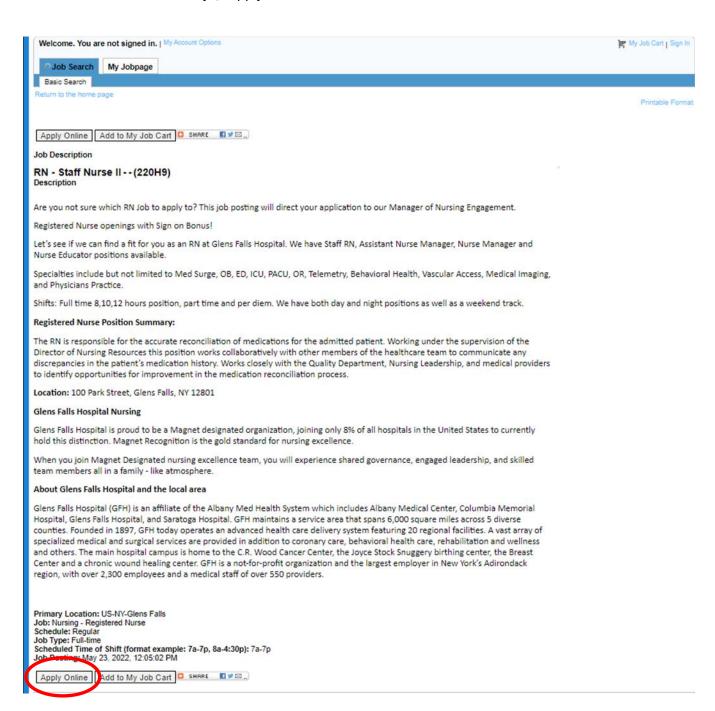


Step 2: Choosing a Job

Click on the **Blue Job Title** to begin application or view job description:

| Welcome. You are not signed Job Search My Jobpage | in. |
|---|---|
| Keyword RN | Job Number Q |
| Job Openings 151 - 175 of 20 | 8 |
| ▼ Job Schedule ☐ Full-time (147) ☐ Part-time (32) ☐ Per Diem (29) | |
| ▼ Job Shift | RN - Post Op 4W Surgical Full-time Day Job (7a - 7p) 220VB |
| Day Job (124) Night Job (49) Variable (19) | RN - Post-Op Surgical 4W Surgical Full-time Night Job (7p-7a) 220QS |
| Evening Job (15) Weekend (1) | RN - Post-Op Surgical - Weekend Track Night Shift 4W Surgical Full-time Night Job (7p - 7a) 220TU |
| ▼ Employee Status Regular (208) | RN - Special Care Nursery Special Care Nursery Full-time Night Job (7p-7a) 220YL |
| ▼ Job Type □ Standard (208) ▼ Location Address □ Glens Falls Hospital (185) □ Cambridge Medical Center (5) | RN - Staff Nurse II Full-time Day Job (7a-7p) 220H9 |
| | RN - Staff Nurse II Emergency Department Full-time Day Job (7a- 7p) 2212P |
| | RN - Stroke Program Specialist Neurology Practice Part-time Day Job (8-4:30) 2212T |
| Granville Medical Center (3) Hudson Falls Medical Center (2) Adirondack Cardiology (2) | RN - Surgical Admissions Surgical Admissions Per Diem Day Job (varied) 2209K |
| Show more See all locations | RN - Telemetry 6T Telemetry Full-time Day Job (18:45-07:00) 2212D |
| | RN - Telemetry 6T Telemetry Full-time Day Job (18:45-07:00) 2212C |
| | |

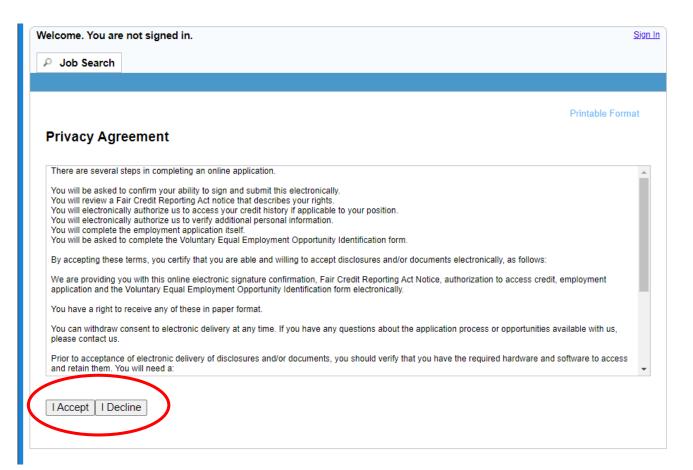
You will then be directed to that positions job description. To apply, click the box at the bottom or top left corner of the screen that says, "Apply Online".





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.



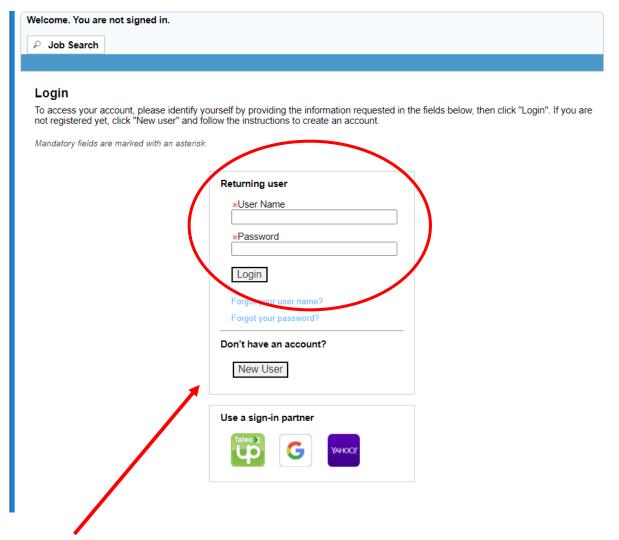


Step 4: Log in or Create an Account

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.



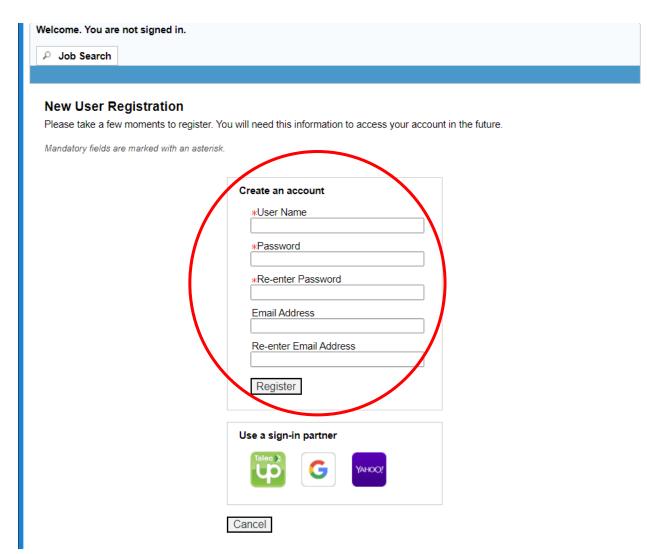
New Users

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.

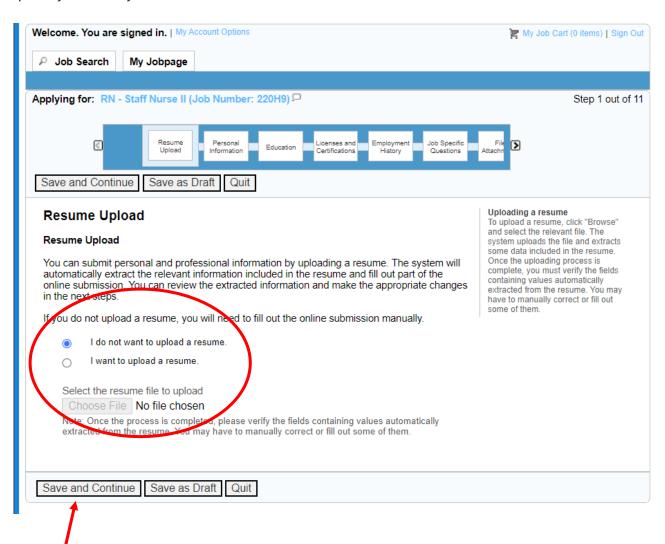


If you receive an error message, please review it, and follow the provided instructions. If you are successful, you will then be brought to the first stages of the application.



Step 6: File Attachment

The first stage of the application will require you to upload your resume/supporting documents (example: cover letter) for our review. For Quick Apply, all applicants are required to upload their resume so that we can carefully review their qualifications in line with each role they chose to apply for. Your resume will serve as an alternative to manually entering you work history/educational attainment, thus saving time in the application process. Of note: Please be sure that your resume is up to date, and contains accurate information regarding when you began, and left each of your current/prior roles. If this information is not clearly specified, HR may need to follow up with you to clarify.



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.

| 8 | B sure Personal Education Licenses and Employment Joi Specific File Rules Proceedings Rules Procedings Procedings Rules Procedings Procedings | | |
|---|---|-----------|--|
| 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) | | | |
| nulsed time E) | | | |
| *City | •Zip/Postal 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 | | | |
| 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? Not Specified | | | |
| *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 🔻 | | | |
| *In the past year, have you worked for a Medicare Fiscal Intermediary, such as Medicare, Medicaid, Medicare Administrative Not Specified | tive Contractor (MAC) or as a subcontractor such as National Governmental Services, Nondian Healthcare Solutions, etc.? | | |
| *Were you previously employed by Glens Falls Hospital? Not Specified | | | |
| If you have previously worked at Glens Falls Hospital, please provide any other names used at the time of employment. If the | I this is not applicable, please write "n/a". | | |
| | | | |
| Source Tracking | | | |
| Please indicate how you heard about this job. | | | |
| *Source Type Select One V | | | |
| | | | |
| | | | |
| Save and Continue Save as Draft | | | |



Step 8: E-Signature

Please read 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

e Signature

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.gov/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 to 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

I 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 satis drug screen, and successful completion of a medical examination, which may include a Job Placement Assessment (JPA), and on my furnishing a satisfactory proof of my identity and legal authority to work in the United

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

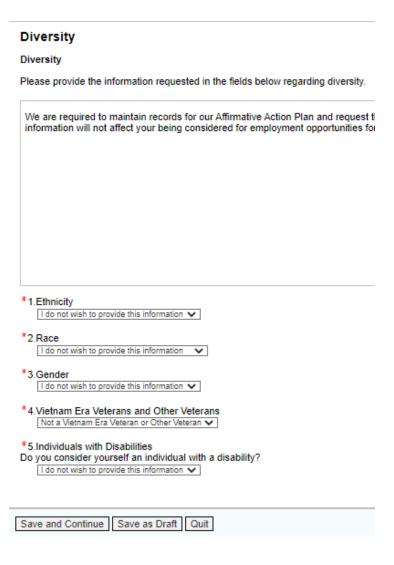
By my eSignature below, I certify that I have read, fully understand and accept all terms of the foregoing statement. Please signify your acceptance by entering the information requested in the fields below. *Please enter your full name:

Save and Continue Save as Draft Quit



Step 9: 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.

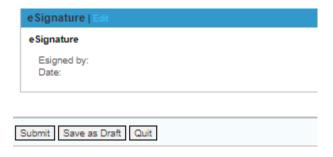


Step 10: Review and Submit

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

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