

Services for Seniors

Application for Employment PART I

PLEASE READ, COMPLETE & SIGN ON REVERSE SIDE, PLEASE PRINT

| | | |
|------------------|----------|------------------------------|
| Position Desired | Date / / | How were you referred to us? |
|------------------|----------|------------------------------|

APPLICANT DATA

| | | | |
|---|------------|--|-----------------------------|
| Last Name | First Name | Middle Name | Date of Birth (if under 18) |
| Address (No. and Street) City State Zip | | | Phone |
| Social Security Number | | Are you authorized to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Category of Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary | | Date available to start work | |
| What days can you work? | | What hours can you work? | |
| Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date: _____ | | Have you ever been employed by us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date: _____ | |

EDUCATION

| | |
|--|----------------------------|
| Circle grade completed | 1 2 3 4 5 6 7 8 9 10 11 12 |
| Name of High School Last Attended | Address |
| Major Course of Study | |
| College, Technical, Trade or Other: (Circle grade completed) | 13 14 15 16 17 |
| Name of School | Address |
| Major Course of Study | Degree or diploma granted |

IF YOU ARE AN RN, LPN, CNA, CHHA OR PCA

Please check areas in which you have experience or a special interest:

Hospital Nursing Home Home Health Charge Administration Adult Care Facility

Other, (please specify) _____

PROFESSIONAL LICENSURE/REGISTRATION DATA

| | |
|----------------|-----------------|
| License Number | Expiration Date |
|----------------|-----------------|

SKILLS

Please check areas in which you have had experience or training:

Data Processing Typewriter _____ WPM Other _____

Switchboard Knowledge of Medical Terminology

WORK HISTORY BEGIN WITH MOST RECENT EMPLOYER, PLEASE LIST COMPLETE ADDRESS INFORMATION

| Company | Address | From To | Supervisor | Salary | Position/Duties | Reason for Leaving |
|---------|---------------------------|-------------|------------|--------|-----------------|--------------------|
| 1 | | Mo/Yr Mo/Yr | | | | |
| | Telephone _____ Zip _____ | | | | | |
| 2 | | Mo/Yr Mo/Yr | | | | |
| | Telephone _____ Zip _____ | | | | | |
| 3 | | Mo/Yr Mo/Yr | | | | |
| | Telephone _____ Zip _____ | | | | | |

Services for Seniors Application for Employment PART II

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

| NAME OF PERSON | ADDRESS | PHONE NUMBER |
|----------------|---------|--------------|
| | | |
| | | |
| | | |

Excluding traffic violations, have you ever been convicted of a crime?

Yes No

If yes, describe in full _____

Do you realize it may be necessary for you to work weekends, holidays, or rotation shifts?

Yes No

Do you understand that due to the nature of the services we provide, an exceptional record of attendance, promptness, and dependability is required of all employees?

Yes No

Do you understand that employment is contingent upon satisfactory education, prior employments, and reference verifications?

Yes No

Do you further understand that wilfully making false statements on this application will be sufficient cause for discharge?

Yes No

Do you understand that we are an Equal Opportunity Employer as outlined in the federal and New York State laws against discrimination; and that it is our policy to consider all applicants regardless of race, color, religious creed, sex, national origin, age, marital status, ancestry, veteran status or arrest/conviction record? Also, that no qualified person with a disability shall, on the basis of such disability, be subjected to discrimination in our employment process?

Yes No

Do you understand that any offer of employment is contingent upon your providing proof of U.S. Citizenship or authorization to work in the U.S.?

Yes No

We are committed to providing "Loving Care" to all residents and clients and we require all employees share this commitment. If employed by us, can you share this commitment?

Yes No

Please comment regarding this commitment: _____

I understand that all information concerning residents, clients, their doctors, and fellow employees is strictly confidential. I agree to honor the policy which states certain corporate and employee business is confidential.

I agree to notify my supervisor immediately should I be contacted by an outside agency concerning any matter pertaining to residents and clients and to their care.

Thank you for completing this application form and for your interest in us. We would like to assure you that your opportunity for employment with us is based only on your merit and no other consideration.

Applicant Signature