

Isabella Geriatric Center is an equal employment/affirmative action employer and does not discriminate on the basis of race, color, religion, sex, gender, sexual orientation, marital or parental status, age, national origin, citizenship, disability, veterans status or any other classification protected by applicable Federal, State or Municipal Law.

APPLICATION FOR EMPLOYMENT

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone No. _____

Position Applying for: _____

How were you referred to us? _____

What is your minimum salary requirement? _____

Date available for work: _____

Do you have any commitments to another employer that might effect your employment with us? _____

Are you authorized to work legally in the United States? YES NO

Are you over the age of 18 years? YES NO (If no, you will be required to provide authorization)

EDUCATIONAL BACKGROUND

High School: _____

Address: _____

Diploma Awarded: Yes _____ No _____ If no, G.E.D. Awarded: Yes _____ No _____

College: _____

Address: _____

No. of Yrs. Completed: _____ Degree Awarded: _____ Major: _____

Dates of Attendance: From: _____ To: _____

Graduate: _____

Address: _____

No. of Yrs. Completed: _____ Degree Awarded: _____ Major: _____

Dates of Attendance: From: _____ To: _____

Nursing School/Other: _____

Address: _____

No. of Yrs. Completed: _____ Degree Awarded: _____ Major: _____

Dates of Attendance: From: _____ To: _____

NURSES, PHYSICIANS, AND OTHER LICENSED PERSONNEL

N.Y.S. License Number: _____ License Title: _____

Effective Date: _____ Expiration Date: _____

Other states in which registered or licensed: _____

MILITARY EXPERIENCE

U.S. Armed Forces: Yes No Branch: _____ Dates of Duty: From _____ To _____

Rank at Discharge: _____ Briefly describe your duties: _____

*INFORMATION TO BE COMPLETED IF HIRED

Social Security Number: _____

Date of Birth: ____ / ____ / ____ Place of Birth: ____ Marital Status: S M W
 D Sep

In Case of Emergency Notify: _____ Relationship: _____

Address: _____ Telephone: _____

OPTIONAL: The Department of Labor has requested that we encourage all employees to self-identify (for survey purposes) their race. Please select the category that best describes your race:

EMPLOYMENT HISTORY

Employer: _____ **Telephone#** _____
Address: _____
Dates of Employment: From _____ To _____ **Position:** _____
Describe your duties: _____
Supervisor: _____ **Salary:** _____ **Reason for Leaving:** _____

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Address: _____
Dates of Employment: From _____ To _____ **Position:** _____
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Address: _____
Dates of Employment: From _____ To _____ **Position:** _____
Describe your duties: _____
Supervisor: _____ **Salary:** _____ **Reason for Leaving:** _____

Have you ever been convicted of patient or resident abuse, or a criminal offense/violation other than a traffic infraction? NO YES Date & Location: _____
 Nature & Disposition: _____
 (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment).

Have you been fingerprinted since 9/1/2006 by a Covered Provider* as a requirement for employment in any of the following direct patient care areas: nursing aide or attendant, unlicensed social services staff, dining services, environmental services, therapeutic recreation, transporter, or beauty parlor staff?
YES NO
 * (Nursing home, CHHA, LTHHCP, or LHCSA).

List any relative(s) currently employed by Isabella Geriatric Center:
 Name: _____ Relationship: _____
 Dept.: _____
 Name: _____ Relationship: _____
 Dept.: _____

PROFESSIONAL REFERENCES
 (Do Not List Relatives or Previous Supervisors)

Name: _____ Occupation: _____
 Address: _____ Telephone: _____
 Name: _____ Occupation: _____
 Address: _____ Telephone: _____
 Name: _____ Occupation: _____
 Address: _____ Telephone: _____

Please list any other information that you think would be helpful to us in considering you for employment, such as additional work/volunteer experience, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability). _____

AGREEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also acknowledge that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that ***if offered a position with Isabella Geriatric Center***, I will be required to submit to a pre-employment medical examination, drug screening and criminal background check as a condition of employment. In addition, the New York Codes, Rules and Regulations require that an FBI criminal history record check be performed on all applicants for non-licensed positions in a nursing home or home care setting where the applicant would be providing direct care or supervision to patients. I understand that this process requires fingerprinting. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I hereby authorize persons, schools, my current employer (if applicable), and previous employers, references and organizations named in this application (and accompanying resume, if any) to provide to Isabella Geriatric Center and/or its representatives any relevant information that may be required to arrive at any employment decision, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature: _____ Date: _____