

#### APPLICATION FOR EMPLOYMENT

 $\underline{INSTRUCTIONS}{:} \quad \text{Complete all necessary information. This application will be kept on file. Please sign and date the application.}$ 

NAMEDATE_	
SOCIAL SECURITY#PHONE ( )	
ADDRESS	
CITY/STATE/ZIP	
Position applied for  Shift preferred 1 2 3 Any  Expected pay	
Would you accept full-time work? Yes No	
Would you accept part-time work? Yes No No On what date would you be available for work?	
Have you ever been employed here before? No Yes Dates	
Special training or skills:	
(languages, machine operation, etc.) that would be of benefit in the job for wl	3
Are you legally eligible for employment in the United States? Yes No (If yes, proof is required)	
Please be advised that this is a health care facility that <b>must</b> open <b>hours per day and 7 days per week</b> , including holidays and we the job. Staff cannot be promised specific days off. Please sign understand this requirement.	ekends. It is a requirement of
Signature Da	nte

## EMPLOYMENT EXPERIENCE

### List your most recent first.

1.	Employer	
	Address	
	Phone ( )	
	Job Title	_ Supervisor
	Dates employed: fromto	
	Responsibilities:	
	Reason for leaving:	
2.	Employer	
	Address	
	Phone ( )	
	Job Title	_ Supervisor
	Dates employed: fromto	
	Responsibilities:	
	Reason for leaving:	
3.	Employer	
	Address	
	Phone ( )	
	Job Title	_ Supervisor
	Dates employed: fromto	_
	Responsibilities:	
	Reason for leaving:	

#### EDUCATIONAL BACKGROUND

# High School (or equivalency) Name of School: \_\_\_\_\_\_ Location: \_\_\_\_ Did you graduate: Yes No Degree/Diploma: College Name of School: \_\_\_\_\_ Location: \_\_\_\_ Course of study: Did you graduate: Yes No Degree/Diploma: Date: Graduate School Name of School: \_\_\_\_\_ Location: \_\_\_\_ Course of study: Did you graduate: Yes No Degree/Diploma: \_\_\_\_ Date: \_\_\_\_ Vocational Training Name of School: \_\_\_\_\_ Location: \_\_\_\_ Course of study: Did you graduate: Yes No Degree/Diploma: \_\_\_\_ Date: \_\_\_\_ **Continuing Education**

NAME OF APPLICANT:		
PLEASE NOTE:		
A FALSE ANSWER TO QUESTIONS 1 THROUGH 4 BELOW EMPLOYMENT IN A POSITION CONNECTED WITH THE PR NURSING HOME IS A CLASS A MISDEMEANOR UNDER CO	OVISIO	N OF CARE IN A
Have you ever been convicted of any crime?	_Yes	No
Have you ever been convicted of the crime of cruelty to persons?	Yes	No
Have you ever been convicted of the crime of assault of a victim sixty or older?	_Yes	No
Have you ever been subject to any decision imposing disciplinary action by the licensing agency in any state, the District of Columbia, a United States possession or territory or foreign jurisdiction?	_Yes	No
If you answered Yes to one or more questions 1-4 above, please pr below, including details regarding the time, place and circumstance		
	A Vicero Santate en	
I certify that all the information submitted by me on this applicatio understand that if any false information, omissions, or misrepresen application may be rejected and if I am employed, my employment time.	tations ar	e discovered, my
Applicant's signature Dat	e	

#### REFERRAL SOURCE

NAME OF APPLICANT:
Please indicate how you learned of employment opportunities at this facility.
Referred by present employee of this facility?  Name of employee:
Referred by previous employee of this facility?  Name of employee:
Help wanted advertisement? Display advertisement (line in column advertisement)? Name of Newspaper:
Health care professional? Name/title of individual:
Other health care facility? Facility name:
Job fair?  Name of job fair:  Date/Location:
Open house? Name of facility:
Professional recruiter agency? Agency name:
Unemployment Agency (please specify state)?
Referred by other source (please specify):

In accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended and the Age Discrimination Act of 1975, as amended, the <u>Health Care Center</u> does not discriminate on the basis of race, creed, color, national origin, political beliefs, sex. age, marital status, physical disability, mental retardation, or past/present history of mental disorder in admission or access to, or treatment or employment in

its program or activities.

#### Reference Request #1

APPLICANT'S NAME (PLEASE PRINT)				
Reference Name & Title:				
Name of Business:				
Address:				
	State Zip Code			
Telephone Number: Business	Cell			
specifically consent to the release to	Syour former employers and by signing this application, you us of information about your qualifications and work performances e listed in connection with this application for employment.			
I hereby release from all liability, the regarding my employment with them	company or person above, and authorize to release all information			
Applicant's Signature	Date			
complete the applicable section below	oplication to the Greenwich Woods Health Care Center. Please and return in the self-addressed, stamped envelope. Your prompt the applicant proper consideration. Thank you.			
EMPLOYMENT REFERENCE	CHARACTER REFERENCE			
Dates Employed:	applicant?			
Position: Quality of Work:	Character			
Dependability:	Character: Dependability:			
Absenteeism:	Ability to get along with others?			
Interpersonal Skills:				
Would you rehire:				
Additional Comments:				
Signature and Title	Signature and Title			
Date	Date			



#### Reference Request #2

APPLICANT'S NAME (PLEASE PRINT)				
Reference Name & Title:				
Name of Business:				
Address:				
City State	Zip Code			
Telephone Number: Business	Cell			
By giving references and/or names of your former employers and by signing this application, you specifically consent to the release to us of information about your qualifications and work performances by the person and employers you have listed in connection with this application for employment.  I hereby release from all liability, the company or person above, and authorize to release all information regarding my employment with them.				
Applicant's Signature  The above named person has made application to	Date  Date			
complete the applicable section below and return attention is appreciated so we can give the application is appreciated at the application at the applicatio	in the self-addressed, stamped envelope. Your prompt			
complete the applicable section below and return attention is appreciated so we can give the applicable.	in the self-addressed, stamped envelope. Your prompt cant proper consideration. Thank you.  CHARACTER REFERENCE  How long have you known the			
complete the applicable section below and return attention is appreciated so we can give the application in the section below and return attention is appreciated so we can give the application in the section below and return attention is appreciated so we can give the application in the section below and return attention is appreciated so we can give the application in the section below and return attention is appreciated so we can give the application in the section is appreciated so we can give the application in the section is appreciated so we can give the application in the section is appreciated so we can give the application in the section is appreciated so we can give the application in the section in the section is appreciated so we can give the application in the section in the section in the section is appreciated so we can give the application in the section in th	in the self-addressed, stamped envelope. Your prompt cant proper consideration. Thank you.  CHARACTER REFERENCE			
complete the applicable section below and return attention is appreciated so we can give the application in a section is appreciated so we can give the application in a section is appreciated so we can give the application in a section is appreciated so we can give the application in a section is appreciated so we can give the application is	in the self-addressed, stamped envelope. Your prompt cant proper consideration. Thank you.  CHARACTER REFERENCE  How long have you known the applicant?			
complete the applicable section below and return attention is appreciated so we can give the application is appreciated so we can give the appear application is appreciated so we can give the application in	in the self-addressed, stamped envelope. Your prompt cant proper consideration. Thank you.  CHARACTER REFERENCE  How long have you known the applicant?  Character:			
complete the applicable section below and return attention is appreciated so we can give the application appreciated so we can give the application appreciated so we can give the application.    EMPLOYMENT REFERENCE	in the self-addressed, stamped envelope. Your prompt cant proper consideration. Thank you.  CHARACTER REFERENCE  How long have you known the applicant?  Character:  Dependability:			
complete the applicable section below and return attention is appreciated so we can give the application appreciated so we can give the application.  EMPLOYMENT REFERENCE  Dates Employed:  Quality of Work:  Dependability:  Absenteeism:	in the self-addressed, stamped envelope. Your prompt cant proper consideration. Thank you.  CHARACTER REFERENCE  How long have you known the applicant?  Character:			
complete the applicable section below and return attention is appreciated so we can give the application appreciated so we can give the application.  EMPLOYMENT REFERENCE  Dates Employed:  Quality of Work:  Dependability:  Absenteeism:	in the self-addressed, stamped envelope. Your prompt cant proper consideration. Thank you.  CHARACTER REFERENCE  How long have you known the applicant?  Character:  Dependability:			
complete the applicable section below and return attention is appreciated so we can give the application appreciated so we can give the application appreciated so we can give the application approximately applications.  Dates Employed:  Position:  Quality of Work:  Dependability:  Absenteeism:  Interpersonal Skills:	in the self-addressed, stamped envelope. Your prompt cant proper consideration. Thank you.  CHARACTER REFERENCE  How long have you known the applicant?  Character: Dependability: Ability to get along with others?			
complete the applicable section below and return attention is appreciated so we can give the application application appreciated so we can give the application applicatio	in the self-addressed, stamped envelope. Your prompt cant proper consideration. Thank you.  CHARACTER REFERENCE  How long have you known the applicant?  Character: Dependability: Ability to get along with others?			
complete the applicable section below and return attention is appreciated so we can give the application application appreciated so we can give the application applicatio	in the self-addressed, stamped envelope. Your prompt cant proper consideration. Thank you.  CHARACTER REFERENCE  How long have you known the applicant?  Character: Dependability: Ability to get along with others?			

#### PERSONAL REFERENCES

1.	Name: Address
	Phone How long have you known them?
2.	Name: Address
	Phone How long have you known them?
2	Name
3.	Name: Address Phone
	How long have you known them?

## REQUEST FOR TIME OFF UPON HIRE

I, following dates upon hire.	have plans for the
These dates were discussed an	
Ву	
Signature of new employee:	