



HEALTHCARE

HUMAN CARE SERVICES

Adirondack Tri-County Nursing & Rehabilitation Center, Inc.

North Creek, New York

Serving: Hamilton, Essex & Warren Counties

EQUAL OPPORTUNITY POLICY

It is the policy of Adirondack Tri-County Nursing & Rehabilitation Center, Inc. to recruit and employ qualified individuals for available positions, to provide equal opportunity for the advancement of employees, and to administer these activities in a manner which will not discriminate against any person because of race, color, creed, religion, age, sex, national origin, physical or mental handicap, economic status, source of payment, marital status or sexual preference. The nursing home will reasonably accommodate an individual's disability during the application process and on the job.

Employment Application

An Equal Opportunity Employer. We comply with all applicable local, state and federal civil rights and equal employment laws and regulations.

(Please Print in Ink)

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

PERSONAL

LAST NAME	FIRST	MIDDLE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE

HOME TELEPHONE NO.
CONTACT TELEPHONE NO.
E-MAIL ADDRESS (optional)

ANY PREVIOUS NAME(S)? YES NO IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:

BEST TIME TO CONTACT YOU:	DATE AVAILABLE FOR WORK:
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POSITION APPLIED FOR: _____ SALARY DESIRED: _____

HOW DID YOU LEARN ABOUT THIS POSITION? (NEWSPAPER, INTERNET, FRIEND, IF OTHER - PLEASE LIST)

CHECK ALL YOU WOULD CONSIDER WORKING:

FULL TIME / REGULAR

FULL TIME / TEMPORARY

PART TIME / REGULAR

PART TIME / TEMPORARY

RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES NO

NAME: _____ DEPT: _____ RELATIONSHIP: _____

WOULD YOU CONSIDER WORKING:

WEEKENDS & HOLIDAYS YES NO

ROTATING SHIFTS YES NO

ON CALL YES NO

ANY SHIFT YES NO

HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES NO WHEN? _____

ARE YOU 18 YRS OF AGE OR OLDER? YES NO

ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

SHIFT AVAILABILITY (check all that apply):

DAYS EVENINGS NIGHTS

LONG RANGE OCCUPATIONAL GOALS:

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN A MISDEMEANOR TRAFFIC VIOLATION? YES NO

IF YES, WHICH STATE(S), AND EXPLAIN: (You are not required to disclose any SEALED or EXPUNGED criminal records.)

HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES NO IF YES, WHICH STATE(S), AND EXPLAIN:

HAVE YOU BEEN SANCTIONED, CITED, REPORTED, OR EXCLUDED FROM PARTICIPATION IN MEDICARE, MEDICAID, OR ANY OTHER HEALTHCARE RELATED LAW OR REGULATION? YES NO IF YES, EXPLAIN:

If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.

EDUCATION / SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
COLLEGE								
COLLEGE								

OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)

AREA(S) OF SPECIALIZATION OR MAJOR INTEREST: _____ LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE: _____

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED: _____ WORD PROCESSING: (Approx. WPM) _____

PROFESSIONAL LICENSES

CURRENTLY LICENSED ELIGIBLE FOR LICENSE LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?

CURRENTLY REGISTERED ELIGIBLE FOR REGISTRATION YES NO IF YES, EXPLAIN:

TYPE: _____ STATE: _____

NO: _____ DATE: _____

PROFESSIONAL CERTIFICATIONS

CURRENTLY CERTIFIED ELIGIBLE FOR CERTIFICATION

TYPE: _____ DATE: _____

CURRENTLY LICENSED ELIGIBLE FOR LICENSE LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?

CURRENTLY REGISTERED ELIGIBLE FOR REGISTRATION YES NO IF YES, EXPLAIN:

TYPE: _____ STATE: _____

NO: _____ DATE: _____

CURRENTLY CERTIFIED ELIGIBLE FOR CERTIFICATION

TYPE: _____ DATE: _____

Briefly describe duties and skills acquired through military or volunteer service: (include dates)

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

PREVIOUS EXPERIENCE

REFERENCES LANGUAGE

LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED

LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

LIST AT LEAST THREE (3) PROFESSIONAL / WORK / SCHOOL REFERENCES WHO ARE NOT RELATIVES OR PERSONAL ACQUAINTANCES:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

SIGNATURE

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date _____ Signature _____

FOR OFFICE USE ONLY

HIRED? YES NO SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM: REFERENCE #1 DATE REFERENCE #2 DATE REFERENCE #3 DATE

PERSONNEL NOTES (Please keep all information factual) _____

IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE? YES <input type="checkbox"/> NO <input type="checkbox"/>	INTERVIEWER'S SIGNATURE
STARTING DATE <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	COMPLETION OF EVALUATION PERIOD DATE APPROVED BY
DEPARTMENT COST CENTER	SIGNATURE
POSITION/JOB SITE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> PART TIME <input type="checkbox"/> ROTATION
STARTING SALARY/GRADE DIFFERENTIAL	SHIFT EMPLOYEE NUMBER

NOTIFY IN CASE OF EMERGENCY NAME RELATIONSHIP ADDRESS TELEPHONE