

23 KIERNAN ROAD CAMPBELL HALL, NEW YORK 10916 (845) 294-8154

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS Position Desired: Shift You Are Available □ Day □ Eve ☐ Night ☐ Any □ F/T □ P/T Date You Can Begin Work Last Name Middle Initial Maiden Name Social Security Number First Street Address Home Telephone () Zip City State Business Telephone () PLEASE ANSWER THE FOLLOWING QUESTIONS Are you legally eligible for employment in the United States? Proof of citizenship or immigration status will be required upon employment. ☐ Yes □ No Are you at least 16 years of age? Yes □ No If you are under 18 years of age, can you provide proof of your eligibility to work? Yes П No Have you ever filed an application with us before? If yes, give date Yes □ No Have you ever been employed with us before? If yes, give date Yes ☐ No May we contact your present employer? □ No Yes May we contact your previous employer(s)? Yes □ No Were you ever dismissed or discharged from any employment for reasons other than lack of □ No work or funds? ☐ Yes Did you ever resign from any employment rather than face dismissal? ☐ Yes □ No Except for minor traffic violations and adjudications as youthful offender, wayward ☐ Yes ☐ No minor or juvenile delinquent, have you ever been convicted of any crime? CERTIFIED, LICENSED OR REGISTERED APPLICANTS (RN's, LPN's, CNA's, etc.) Are you currently certified, licensed or registered as a health care giver in New York State? ☐ Yes ☐ No Expiration Date _____ If yes, Certification Number Are you registered in another state Yes ☐ No Number If yes, State Have you taken New York State Boards? ☐ Yes ☐ No If yes, date taken _____ For Personnel Use Only Inspector General Web Site Checked Prometric Web Site checked:: (date) (date) (date) Application cleared through the Nurse Yes 🗌 No 🗌 Aide Registry Initials: Proceed with Application Yes No 🗌 Initials:

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY		YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
ELEMENTARY					☐ Yes ☐ No	
HIGH SCHOOL					☐ Yes ☐ No	
BUSINESS/TRADE/TECH					☐ Yes ☐ No	
COLLEGE					☐ Yes ☐ No	
GRADUATE					☐ Yes ☐ No	
Experience - Beginning	with your most recent	t employment	and s	working back	ward conse	cutively to
your first one, use an ad						
Employer	Dates E	Employed	T	Wo	ork Performed	IIIO VVOIN.
	From	To				
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Complete Address	,	1	_			
Telephone Number	Job Title	Supervisor				
December Leaving						
Reason for Leaving						
Employer	Dates E	Employed		Wo	rk Performed	
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Telephone Number	Job Title	Supervisor				
Reason for Leaving		- 1				
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Complete Address	'	•				
Telephone Number	Job Title	Supervisor				
Reason for Leaving						

REFERENCES

Please provide the name, complete address, and phone number of three people <u>not related to you</u> that you have known for at least one year. Applications with

1		/				
••-	Name	Relationship to Applicant			Telephone Number	
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	Com	plete Street Address	Cit	у	State	Zip
2						
	Name	/_ Relationship to	Applicant		Telephone	Number
-	Comr	olete Street Address	//	//	/_ State	 Zip
•	•		-		State	ΖΙΡ
3	Name	/_ Relationship to	Applicant		Telephon	e Number
_			/	/	/_	
	Comp	blete Street Address	City	′	State	Zip
MV	NH Employee Referral: —		mployee Name	Making Refe	erral	
		SPECIALIZ	EN 2KILL2			
]	Equipment Computers Network Other	Computer So Word Exce Publisher Web Designing Other	el 🗌 Access	☐ Italian☐ Polish☐ French☐ Spanish	eign Langua	
(Other Skills					
_		OTHER INF	DRMATION			
F	Please state any information	you feel may be helpful to us	s in considering yo	ur application:		



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I certify that the answers given herein are true and complete to the best of my knowledge. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that, unless otherwise defined by applicable law, any employment relationship with the organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand this application will be active for a period of three (3) months; after that time if I wish to be considered for employment, I must submit a new application.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

 Date