

HERITAGE HEALTH CARE CENTER
1657 Sunset Ave.
Utica, New York 13502

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____ Soc. Sec. No. _____

Present Address _____ Telephone _____

Are you 18 years of age or older? Yes ___ No ___ If hired, can you provide written evidence that you are authorized to work in the United States? Yes ___ No ___

EMPLOYMENT DESIRED

Department _____ Position _____ Date you can start _____

Full time _____ Part time _____ Summer only _____ Hours _____

Reason for shift preference _____

If employed now, may we inquire of your employer? Yes _____ No _____

Have you employed here before? Yes ___ No ___ Date _____ Position _____

Have you worked here before? Yes ___ No ___ Date _____ Position _____

Will it be possible for you to work weekends and holidays? _____

Transportation arrangements _____

If dependent upon public transportation, what provision will you make for weekends and holidays? _____

UNITED STATES MILITARY SERVICE

Branch of service _____ From _____ To _____

Rank & Type of Service _____

Training/Experience Received _____

EDUCATION

| SCHOOL | | | CIRCLE LAST YEAR COMPLETED | | | | DID YOU GRADUATE? | | LAST YEAR ATTENDED |
|----------------------------------|--|--|----------------------------|---|---|---|-------------------|----|--------------------|
| | | | 5 | 6 | 7 | 8 | Yes | No | |
| Grammar | | | | | | | | | |
| High | | | | | | | | | |
| Other | | | | | | | | | |
| NY Professional Registration No. | | | License No. | | | | Expiration | | |

REFERENCES (Give names of two persons not related to you and not a former employer)

| NAME | ADDRESS & TELEPHONE NO. | YEARS KNOWN |
|------|-------------------------|-------------|
| | | |
| | | |

REFERENCES WILL BE CHECKED

FORMER EMPLOYERS(List below previous employers, starting with the last one first. Do not include employment beyond 10 years. Use additional sheets if necessary.)

| FROM | TO | NAME, ADDRESS & TELEPHONE NUMBER OF EMPLOYER | SUPERVISOR | OCCUPATION & SALARY | REASON FOR LEAVING |
|------|----|---|------------|------------------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Are you presently employed? _____ If hired in our facility, do you plan on working elsewhere? _____ If so, how many hours per week?_____ Place of other employment _____
 Who suggested you apply for employment with us? _____
 Were you ever convicted of a crime? Yes___ No___ Date_____ Nature of Offense _____

We test all applicants for drug use. Current drug users need not apply.

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period o 60 days; after tat time, if I wish to be considered for employment, I must submit a new application.

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

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

New _____ Replacement for _____
 Date _____ Department _____
 Part time _____ Full time _____ Summer only _____ Temporary _____ Rate _____
 Department Head _____ Director _____
 Comments _____



1657 Sunset Ave., Utica, NY 13502 (315)97-7392

AUTHORIZATION FOR SEARCH & EXCHANGE OF INFORMATION

As part of the application for employment, New York State requires a criminal history record check (See Section 124 of Public Law 105-77 which specifies, at a minimum, a fingerprint card be processed.) The employer shall submit the fingerprint card, the fee for such record check, and all other required information to the NYS Department of health, which shall then submit the same to the U. S. Attorney General's Office for its full search of the records of the FBI.

After the NYS Department of Health receives the requested information from the Attorney General, the information will be forwarded to the employer (Heritage Health Care Center). You may withdraw your application for employment at anytime, without prejudice, prior to the decision on employment. The employer (Heritage Health Care Center) is prohibited from hiring any individual whose criminal history check reveals a mandatory disqualifying offense. You will have the opportunity to obtain, review and explain the information contained in the criminal history record check.

If you have any criminal history record information of patient or resident abuse, or a conviction for a crime or violation other than a traffic infraction, please explain:

I, _____, hereby authorize Heritage Health Care Center to submit a request (as by law) to the Attorney General of the United States to conduct a search of the records of the Criminal Justice Information Services Division of the Federal Bureau of Investigation for any criminal history records corresponding to the fingerprints or such information between the Attorney General of the United States, the New York State Department of Health and Heritage Health Care Center. This information may be used by Heritage Health Care Center and only for the purpose of determining my suitability for employment in a position involved in direct patient care.

Signature of Applicant _____ Date _____

Print Name _____

HERITAGE HEALTH CARE CENTER
1657 Sunset Ave.
Utica, New York 13502

TO _____

Date _____

We are considering _____ for a position in our organization. This applicant has told us that he/she was employed by you as a/an _____ from _____ to _____. We would value your opinion of this individual and would appreciate verification of the information given us. YOUR REPLY WILL BE KEPT IN THE STRICTEST CONFIDENCE.

Sincerely,

I hereby authorize the release of my personnel information to Heritage Health Care Center.

Signature of Applicant _____

Is the above information correct? Yes _____ No _____ If incorrect, please clarify _____

Reason for termination _____

| PLEASE RATE THE FOLLOWING | EXCELLENT | GOOD | FAIR | POOR |
|----------------------------------|-----------|------|------|------|
| Job performance | | | | |
| Professional integrity | | | | |
| Emotional stability | | | | |
| Willingness to learn and apply | | | | |
| Leadership ability | | | | |
| Rapport with patients | | | | |
| Ability to get along with others | | | | |
| Cooperation and flexibility | | | | |
| Dependability | | | | |
| Attendance record | | | | |
| Personal appearance | | | | |

Would you re-employ this applicant? _____ Comments _____

Signature _____ Title _____ Date _____