



REHABILITATION & NURSING . SENIOR LIVING
at Utica

HUMAN RESOURCES DEPARTMENT
1445 Kemble St., Utica, NY 13501
Phone: (315) 732-0100 Ext. 2507
Fax: (315) 732-2342

Employment Application

An Equal Opportunity Employer

All statements made by applicants on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other protected status.

Position Desired

Position(s) applied for:	Date of application:
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative _____	
Do you have any relatives or friends employed in this facility? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what department: _____	

Name and Address

Last Name	First Name	Middle Initial
Address	City	State
		Zip Code
Telephone Number: Best time to call:	Social Security Number	
Cell or Alternate Number:	Date of Birth:	

Other Information

Are you over the age of 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available for work? _____		
Are you available to work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you consider:		
	Weekends and Holidays <input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rotating Shifts <input type="checkbox"/> Yes	<input type="checkbox"/> No
	On-Call <input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any Shift <input type="checkbox"/> Yes	<input type="checkbox"/> No
Shift preference: Days Evenings Nights		
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant for employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain _____		

Education

Type of School	Name and Address	Courses or Major	Circle Last Year Completed
Elementary (If no further education)			5 6 7 8
High School			9 10 11 12
College			1 2 3 4

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any honors you have received:

(CNAs and Nurses Only)

Are you currently:

Registered

Licensed

Certified

Are you eligible for:

Registration

Licensure

Certification

Type State Issued

Date

Number

Type State Issued

Date

Number

Type State Issued

Date

Number

Did you serve in the Armed Services?

Yes

No

What branch? _____

Have you volunteered your time or services?

Yes

No

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

DO YOU HAVE ANY CURRENT OR HAD PAST LICENSE/CERTIFICATION INVESTIGATIONS? Yes No

*If Yes, explain: _____

Employment Experience – Begin with most Recent Position First

List name, address and phone number of previous employer(s) List most recent employer first.	From	To	Immediate Supervisor	Last Salary Hourly, Monthly or Yearly
Job title: _____				
Name of Company/Employer: _____ Phone: _____				
Address: _____				
Duties: _____				
Reason for leaving: _____				
Job title: _____				
Name of Company/Employer: _____ Phone: _____				
Address: _____				
Duties: _____				
Reason for leaving: _____				
Job title: _____				
Name of Company/Employer: _____ Phone: _____				
Address: _____				
Duties: _____				
Reason for leaving: _____				
Job title: _____				
Name of Company/Employer: _____ Phone: _____				
Address: _____				
Duties: _____				
Reason for leaving: _____				

State if you do not want us to contact any of the above listed former employers and reason you do not want each contacted.
May we run a detailed employment check, including, but not limited to a check with your previous employer(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please sign here to authorize reference check _____

Have you ever been involuntarily terminated; resigned in lieu of discharge and/or been suspended from any previous employment? No Yes , If Yes, please describe the circumstances:

References

List at least three (3) references who are not relatives or employers:

Name and Relationship	Address	Telephone

Carefully read this section prior to providing signature below

Job Applicant's Agreement and Certification

FOCUS is committed to the principles of Equal Employment Opportunity and does not discriminate against any employee or applicant on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, marital status or military status. We impose only valid requirements for placement and promotion, and ensure equal opportunity in all other aspects of employment, regardless of any protected group status under local, state or federal law. No question on this application is intended to secure information to be used for such discrimination. Consistent with applicable state and federal law, FOCUS will reasonably accommodate other known disabilities of applicants and employees.

1. I understand that FOCUS follows an employee-at-will policy, in that the employer or I may terminate employment at any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract for employment.
2. I authorize persons, schools, current and previous employers to provide FOCUS with any relevant information to arrive at an employment decision. I understand that any offer of employment at FOCUS is contingent upon the facility conducting a complete background investigation including verification of references from previous employers, educational institutions and licensing agencies in compliance with NYS Health Department regulations and that I will receive complete disclosure of my rights under the Fair Credit Report Act.
3. I certify that the information provided in the application is true, accurate and complete. I understand that any falsification or willful omission of fact can be grounds for dismissal or refusal to hire.
4. I authorize that I have applied for a position at FOCUS and by signing this application have given my permission for them to verify any reference information (past employment and listed references).
5. I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies and procedures, in whole or in part, at any time.
6. I understand that this application will be kept on active file for 1 year from the date completed, after that time, I would have to reapply in accordance with established company procedures.”

Signature of Applicant

Date