

TEN BROECK
•A NYMED Health Care Facility•
COMMONS

APPLICATION FOR EMPLOYMENT

**Ten Broeck Commons
One Commons Drive
Lake Katrine, NY 12449
845.336.6666**

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES OR DISABILITY.

DATE: _____

PERSONAL INFORMATION:

NAME _____
First Middle Initial Last

PRESENT ADDRESS: _____
Street City State Zip Code

TELEPHONE:(_____) SOCIAL SECURITY NO.: _____

If under 18 years of age, do you have a work permit? YES _____ NO _____

Are you either a U.S. Citizen or an alien who has the legal right to remain and work in the U.S.? (You will be required to furnish proof of lawful work status if you are extended a job offer) YES _____ NO _____

Have you ever been convicted of a crime? YES _____ NO _____

If so, please describe fully the criminal conviction(s), listing the nature of the offense, your age at the time of the offense, and your rehabilitation since the conviction(s) (A conviction record will not necessarily be a bar to employment) _____

EMPLOYMENT DESIRED:

POSITION(S) APPLIED FOR _____ DATE YOU CAN START: _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____

WHEN _____ SUPERVISOR _____

REASON FOR LEAVING _____

NAMES OF RELATIVES WORKING FOR US _____

HOW DID YOU HEAR ABOUT PUTNAM RIDGE? _____ IF NEWSPAPER, WHICH ONE? _____

EDUCATION:

HIGHEST GRADE COMPLETED
1 2 3 4 5 6 7 8 9 10 11 12
Grade School High School College

NAME OF SCHOOL LAST ATTENDED _____

LICENSE, VOCATIONAL OR TRADE TRAINING _____

EMPLOYMENT HISTORY:

List below your work experience (starting with your present or most recent employer) for the last five years or your last three employers, whichever will provide us with the greatest information about you. Use an additional sheet of paper and attach it to this application if you need additional space. Please account for all periods of unemployment in this section.

<u>Dates of Employment</u> From _____ To _____	<u>Name, Address & Phone # of Employer</u> _____ _____ _____	<u>Job Title</u> _____	<u>Name & Title of Supervisor</u> _____	<u>Salary</u> <u>Start</u> _____ <u>Finish</u> _____
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BRIEFLY DESCRIBE YOUR JOB DUTIES AND WORK EXPERIENCE _____

REASON FOR LEAVING _____

<u>Dates of Employment</u> From _____ To _____	<u>Name, Address & Phone # of Employer</u> _____ _____ _____	<u>Job Title</u> _____	<u>Name & Title of Supervisor</u> _____	<u>Salary</u> <u>Start</u> _____ <u>Finish</u> _____
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BRIEFLY DESCRIBE YOUR JOB DUTIES AND WORK EXPERIENCE _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES _____ NO _____

APPLICANT'S STATEMENT

I understand that any employment will be on a six (6) month introductory basis and that my employment may be terminated with or without cause or notice, at any time, at either my option or that of the Company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of the Company. I give the Company permission to contact all or any of my previous employers, references and any investigative agency including credit or criminal background check and authorize them to provide all information requested of them by the Company. I release all parties giving or receiving information from any liability associated with doing so. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job-related medical examination.

I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by Company's rules and regulations, which I understand are subject to change by the Company.

Date _____ Applicant's Signature _____

Please Print Name _____