



Skilled Nursing Care

*950 Linden Street
Ogdensburg, New York 13669
Phone: (315) 393-3780*



NAME / Last, First, Middle:

Position:

Date:

(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 of prior employers, coworkers, acquaintances, relatives or friends

| | | | |
|-------------------|------------|--------|---------------------|
| LAST NAME | FIRST NAME | MIDDLE | SOCIAL SECURITY NO. |
| _____ | | | _____ |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| _____ | | | _____ |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| _____ | | | _____ |

| | | |
|---|------------------------------------|----------------------------------|
| ANY PREVIOUS NAME(S) YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME _____ | BEST TIME TO CONTACT YOU: _____ | DATE AVAILABLE TO WORK: _____ |
|---|------------------------------------|----------------------------------|

PERSONAL

| | |
|---|--|
| POSITION APPLIED FOR: _____ | SALARY DESIRED: _____ |
| HOW WERE YOU REFERRED TO THIS FACILITY? _____ | |
| RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| NAME: _____ DEPT: _____ RELATIONSHIP: _____ | |
| HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN? _____ | ARE YOU 18 YRS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| LONG RANGE OCCUPATIONAL GOALS: _____ | |
| ARE YOU APPLYING FOR: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> | |
| WOULD YOU CONSIDER WORKING: WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/> ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| SHIFT PREFERENCE: DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> MIDNIGHTS <input type="checkbox"/> | |
| ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIME OTHER THAN MISDEMEANER TRAFFIC VIOLATIONS? YES NO IF YES, EXPLAIN:

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, EXPLAIN:

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

EDUCATION / SKILLS

| SCHOOL | NAME & ADDRESS OF SCHOOL | COURSE OF STUDY | CHECK LAST YEAR COMPLETED | | | | DID YOU GRADUATE? | LIST DIPLOMA OR DEGREE |
|--|--------------------------|-----------------|---------------------------|---|--|---|-------------------|------------------------|
| HIGH | _____ | _____ | 1 | 2 | 3 | 4 | | |
| COLLEGE | _____ | _____ | 1 | 2 | 3 | 4 | | |
| COLLEGE | _____ | _____ | 1 | 2 | 3 | 4 | | |
| 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 <input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> ELIGIBLE FOR LICENSE LICENSE OR REGISTRATION EVER <input type="checkbox"/> CURRENTLY REGISTERED <input type="checkbox"/> ELIGIBLE FOR REGISTRATION SUSPENDED, REVOKED OR ON PROBATION? TYPE: _____ STATE: _____ YES <input type="checkbox"/> NO <input type="checkbox"/> NO.: _____ DATE: _____ | | | | | | PROFESSIONAL CERTIFICATIONS <input type="checkbox"/> CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION TYPE: _____ STATE: _____ | | |

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

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER

| | | | |
|--|--------------|-----|-------------|
| | FROM: | TO: | SUPERVISOR: |
| | | | |
| JOB TITLE: _____ | | | |
| EMPLOYER: _____ | PHONE: _____ | | |
| ADDRESS: _____ | | | |
| _____ | | | |
| DUTIES: _____ | | | |
| _____ | | | |
| REASON FOR LEAVING: _____ | | | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

| | | | |
|---------------------------|--------------|-----|-------------|
| | FROM: | TO: | SUPERVISOR: |
| | | | |
| JOB TITLE: _____ | | | |
| EMPLOYER: _____ | PHONE: _____ | | |
| ADDRESS: _____ | | | |
| _____ | | | |
| DUTIES: _____ | | | |
| _____ | | | |
| REASON FOR LEAVING: _____ | | | |

| | | | |
|---------------------------|--------------|-----|-------------|
| | FROM: | TO: | SUPERVISOR: |
| | | | |
| JOB TITLE: _____ | | | |
| EMPLOYER: _____ | PHONE: _____ | | |
| ADDRESS: _____ | | | |
| _____ | | | |
| DUTIES: _____ | | | |
| _____ | | | |
| REASON FOR LEAVING: _____ | | | |

| | | | |
|---------------------------|--------------|-----|-------------|
| | FROM: | TO: | SUPERVISOR: |
| | | | |
| JOB TITLE: _____ | | | |
| EMPLOYER: _____ | PHONE: _____ | | |
| ADDRESS: _____ | | | |
| _____ | | | |
| DUTIES: _____ | | | |
| _____ | | | |
| REASON FOR LEAVING: _____ | | | |

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

PREVIOUS EXPERIENCE

| | | | | |
|-------------------|---|-------|------------------------|-----------|
| REFERENCES | LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES: | | | |
| | NAME AND RELATIONSHIP | TITLE | COMPANY NAME & ADDRESS | TELEPHONE |
| | | | | |
| | | | | |
| | | | | |

| | |
|------------------|--|
| SIGNATURE | <p>CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW</p> <p>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.</p> <p>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.</p> <p>I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and it 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.</p> <p>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 proceeding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.</p> <p>Date _____ Signature _____</p> |
|------------------|--|

| | | | |
|------------------------|---|---|--------------------|
| OFFICE USE ONLY | TO BE COMPLETED AFTER EMPLOYED | HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/> | SEE COMMENTS BELOW |
| | REFERENCES CHECKED AND BY WHOM: | REFERENCE #1 | DATE |
| | | REFERENCE #2 | DATE |
| | PERSONNEL NOTES (these notes are open to inspection – keep information factual) | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |



Skilled Nursing Care

950 Linden Street
 Ogdensburg, New York 13669
 Phone: (315)393-3780
 Fax: (315) 393-3847

I authorize the release of information on my character and job performance to St. Joseph's Home.

| | |
|-----------|------------------------|
| Date | Signature of Applicant |
| TO: _____ | RE: _____ |
| _____ | SS #: _____ |
| _____ | Dates: _____ To _____ |
| _____ | Position Held: _____ |

The above named individual has applied for work with our organization and has signed this authorization for the release of information requested below. Please complete the following areas:

Work Reference _____ Personal Reference _____ Thank you.

Work

Are the employment dates listed above correct? Yes _____ No _____

If no, please list correct dates: _____ to _____

Reason for leaving: _____

Would you rehire this employee? Yes _____ No _____

| Please rate the applicant on the following: | Above Average | Average | Below Average |
|---|---------------|---------|---------------|
| Quality of work performed | | | |
| Relationship with others | | | |
| Honesty | | | |
| Cooperation | | | |
| Grooming | | | |
| Dependability | | | |
| Attendance | | | |
| Overall Rating | | | |

Personal

How well do you know the applicant above? _____ slightly _____ well _____ very well

What is your relationship to the applicant? _____

How long have you known the applicant? _____ years

| Please rate the applicant on the following: | Above Average | Average | Below Average |
|---|---------------|---------|---------------|
| Appearance | | | |
| Dependability | | | |
| Honesty | | | |
| Maturity | | | |
| Judgment | | | |

Comments: _____

 Signature Title Date



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| Dependability | | | |
| Honesty | | | |
| Maturity | | | |
| Judgment | | | |

Comments: _____

 Signature Title Date