

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete all necessary information. This application will be kept on file. Please sign and date the application.

NAME	DATE	
SOCIAL SECURITY#	PHONE ()	
ADDRESS		
CITY/STATE/ZIP		
Position applied for		
Shift preferred 1 2 3 An	ny	
Expected pay		
Would you accept full-time work? Yes	No 🗌	
Would you accept part-time work? Yes	No 🗌	
On what date would you be available for work	?	
Have you ever been employed here before? N	No Yes Dates	
Special training or skills:		
(languages, machine operation, etc.) that would	d be of benefit in the job for which you are applying:	
Are you legally eligible for employment in the (If yes, proof is required)	e United States? Yes No	
and 7 days per week, including holida	care facility that must operate and care for reays and weekends. It is a requirement of the n below to acknowledge that you understand	job. Staff cannot be
Signature	Date	

EMPLOYMENT EXPERIENCE

List your most recent first.

1.	Employer	
	Address	
	Phone ()	_
	Job Title	Supervisor
	Dates employed: fromto	Hourly rate/salary:
	Responsibilities:	
	Reason for leaving:	
2.	Employer	
	Address	
	Phone ()	_
	Job Title	Supervisor
	Dates employed: fromto	Hourly rate/salary:
	Responsibilities:	
	Reason for leaving:	
3.	Employer	
	Address	
	Phone ()	_
	Job Title	Supervisor
	Dates employed: fromto	Hourly rate/salary:
	Responsibilities:	
	Reason for leaving:	

EDUCATIONAL BACKGROUND

High School (or equivalency) Name of School: Location: Did you graduate: Yes No No Degree/Diploma: _____ College Name of School: ______ Location: _____ Course of study: _____ Did you graduate: Yes No Degree/Diploma: _____ Date: _____ **Graduate School** Name of School: ______ Location: _____ Course of study: Did you graduate: Yes No Degree/Diploma: _____ Date: _____ **Vocational Training** Name of School: _____ Location: ____ Course of study: Did you graduate: Yes No Degree/Diploma: _____ Date: _____ **Continuing Education**

GREENWICH WOODS HEALTH CARE CENTER

NAME OF APPLICANT:	
PLEASE NOTE:	
A FALSE ANSWER TO QUESTIONS 1 THROUGH 4 BELOW EMPLOYMENT IN A POSITION CONNECTED WITH THE PR HOME IS A CLASS A MISDEMEANOR UNDER CONNECTION	ROVISION OF CARE IN A NURSING
Have you ever been convicted of any crime?	YesNo
Have you ever been convicted of the crime of cruelty to persons?	YesNo
Have you ever been convicted of the crime of assault of a victim sixty or older?	YesNo
Have you ever been subject to any decision imposing disciplinary action by the licensing agency in any state, the District of Columbia, a United States possession or territory or foreign jurisdiction?	YesNo
If you answered Yes to one or more questions 1-4 above, please predetails regarding the time, place and circumstances of the offense.	rovide a full explanation below, including
I certify that all the information submitted by me on this application that if any false information, omissions, or misrepresentations are rejected and if I am employed, my employment may be terminated	discovered, my application may be
Applicant's signature Da	te

REFERRAL SOURCE

se	indicate how you learned of employment opportunities at this facility
	Referred by present employee of this facility? Name of employee:
	Referred by previous employee of this facility?
	Name of employee:
	Help wanted advertisement?
	Display advertisement (line in column advertisement)?
_	Name of Newspaper:
	Health care professional?
_	Name/title of individual:
	Other health care facility?
	Facility name:
	Job fair?
	Name of job fair:
	Date/Location:
	Open house?
	Name of facility:
	Professional recruiter agency?
	Agency name:
_	Unemployment Agency (please specify state)?
	Referred by other source (please specify):

In accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended and the Age Discrimination Act of 1975, as amended, the <u>Greenwich Woods Health Care Center</u> does not discriminate on the basis of race, creed, color, national origin, political beliefs, sex, age, marital status, physical disability, mental retardation, or past/present history of mental disorder in admission or access to, or treatment or employment in its program or activities.



APPLICANT'S NAME (PLEASE PRINT)

Reference Name & Title:					
Name of Business:					
Address:					
City	State	Zip Code			
Telephone Number: Business		Cell			
specifically consent to the release to the person and employers you have	o us of info listed in co ne company	mer employers and by signing this applicat rmation about your qualifications and work onnection with this application for employn or person above, and authorize to release a	x performances by nent.		
Applicant's Signatu	re	Date	_		
complete the applicable section belo	ow and retu	to the Greenwich Woods Health Care Cen arn in the self-addressed, stamped envelope licant proper consideration. Thank you.			
EMPLOYMENT REFEREN	ICE	CHARACTER REFERENCE			
Dates Employed: _		How long have you know applicant?	n the		
Position:		Characteri			
Quality of Work: Dependability:		Character:			
Absenteeism:		Ability to get along with others?			
Interpersonal Skills:		Tromby to get mong with outers.			
Would you rehire:			-		
Additional Comments:					
Signature and Title		Signature and Title			
Date		Date			