



The Help. The Hope. The Healing.

Application for Employment

PERSONAL INFORMATION

DATE _____

Last Name First Middle

Social Security Number

Other names you are or have been known by (such as a maiden name)

Street Address

Home Number

City State Zip Code

Business Number

Have you ever applied for employment with us*? Yes No

if yes: Month and Year: _____ Location: _____

Position Desired _____ Pay Expected _____

Are you available for work? full-time part-time per-diem

What shift or hours are you available to work? _____

Do you have a means of transportation? Yes No

Are you over 18 years of age? Yes No
if no: can you provide working papers? Yes No

Are you available to work overtime if asked? Yes No

Are you legally eligible for employment in the United States? Yes No

Are you subject to any noncompete or other restrictive agreement? Yes No

When will you be available to begin work? _____

Other special training or skills (language, computer, equipment operation, etc.)

How did you learn about our organization? _____

Are you related to anyone currently working for Sitrin? If so, please list name(s): _____

**Sitrin includes the Sitrin Health Care Center, Sitrin Medical Rehabilitation Center, Gan Kavod Inc., Sitrin Child Day Care Center and the Georgian Court Estates.*

Have you ever been convicted or entered a plea of no contest to charges of an offense which involved abusing, neglecting or mistreating individuals?

Yes

No

if yes, please give details:

Have you ever been convicted of a felony or misdemeanor in any jurisdiction?

Yes

No

if yes, please give details:

Have you been convicted of a moving violation in the past three years, or any suspension, revocation, DWI or occurrence involving harm to any person or property?

Yes

No

if yes, please give details:

EDUCATION *(List all educational institutions attended)*

School	Name & Location	Course of Study	No. of Years Completed	Did you Graduate?	Degree/Diploma
COLLEGE					
HIGH SCHOOL					
OTHER					

REFERENCES *(Personal - not to include relatives)*

Name

Address

Telephone Number

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY (Please begin with present or most recent employer.)

I. Name of Employer _____

Address _____

Supervisor _____ Telephone _____

Employed from _____ to _____

Salary: Beginning \$ _____ week/month/year Ending \$ _____ week/month/year

Job title and description of work _____

Reason for leaving _____

II. Name of Employer _____

Address _____

Supervisor _____ Telephone _____

Employed from _____ to _____

Salary: Beginning \$ _____ week/month/year Ending \$ _____ week/month/year

Job title and description of work _____

Reason for leaving _____

III. Name of Employer _____

Address _____

Supervisor _____ Telephone _____

Employed from _____ to _____

Salary: Beginning \$ _____ week/month/year Ending \$ _____ week/month/year

Job title and description of work _____

Reason for leaving _____

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT:

Employer(s) _____

Reason(s) _____

BACKGROUND

Have you ever been released, discharged or asked to resign from any prior employment?

Yes

No

if yes, please give details:

Have you ever been suspended from a job for misconduct or the target or subject of a workplace investigation?

Yes

No

if yes, please give details:

Do you have a valid New York State Driver's License?

Yes

No

if yes, please provide license number and expiration date

License Number _____

Expiration Date _____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide at my request, the name and address of the agency so that I may obtain from them the nature and substance of the information contained in the report.

If I am considered for a position which requires operation of a vehicle leased or owned by Sitrin, I consent to a review of my Department of Motor Vehicles driving record.

If I am considered for a position in the Rehabilitation Department as a direct care provider or in the Child Care Center, I consent to a review by the NYS Child Abuse Registry.

I understand that all applicants considered for employment with Sitrin must be cleared through the State Nurse-Aide Registry and The OIG Registry. I consent to these reviews.

In addition, I authorize you to contact any educational institution or former employers concerning any information you or they believe is relevant to my application for employment. I hereby release Sitrin and any educational institutions or former employers for providing, sharing or using any information they may possess concerning my background or record.

Signature

Date

Sitrin is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of age, race, creed, color, national origin, religion, pregnancy, genetic disposition, carrier status, marital status, disability, sex or sexual orientation.