

# Application for Employment



The Help. The Hope. The Healing.

Date: \_\_\_\_\_

## PERSONAL INFORMATION

_____	_____	_____	_____
Last Name	First	Middle	Social Security Number
_____			_____
Other names you are or have been known by (such as a maiden name)			E-mail Address
_____			_____
Street Address			Home Number
_____			_____
_____	_____	_____	_____
City	State	Zip Code	Business Number

### ALL SECTIONS MUST BE COMPLETED AND THE APPLICATION MUST BE SIGNED.

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, Cedarbrook Village Incorporated., Gan Kavod Inc., and Sitrin Child Day Care Center and the Georgian Court Estates.*

**Main Campus:** 2050 Tilden Ave., PO Box 1000, New Hartford, NY 13413-1000. Telephone (315) 797-3114 or 797-8000  
www.sitrin.com

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

Yes

No

If yes, please give details: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor or 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 (s)					
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 of a workplace investigation?

Yes

No

If yes, please give details: \_\_\_\_\_

Do you have a valid New York State Drivers 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 affirmative action/equal opportunity employer.  
Women, minorities, veterans and persons with disabilities are encouraged to apply.*

## Applicant Pre-Offer Invitation to Self-Identify

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Charles T. Sitrin Health Care Center, Inc. ("Sitrin") is a Government contractor subject to Executive Order 11246, which requires Government contractors to ensure equal employment opportunity for all persons, without regard to race, color, religion, sex or national origin, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974 ("VEVRAA"), as amended by the Jobs for Veterans Act of 2002, which prohibits discrimination against protected veterans and requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed Forces service medal veterans.

As part of Sitrin's affirmative action efforts, we request your cooperation in completing this voluntary identification form which allows us to comply with government requirements for record keeping and periodic reporting of this data. The information you provide will be treated confidential and will be used only in accordance with government reporting requirements. Failure to provide the information requested will not subject you to adverse consideration for the position for which you have applied.

NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

Gender:  Male  Female

***(Definitions for Ethnicity/Race on page 2)***

Are You Hispanic or Latino?  Yes  No

Race (Select all that apply):

- American Indian or Alaska Native  Asian  
 Black or African American  White  
 Native Hawaiian or Other Pacific Islander  Two or More Races

**Veteran Status (categories and definitions for protected veterans on page 2)**

If you believe you belong to any of these categories of protected veterans, please indicate by checking the appropriate box below.

- I identify as one or more of the classifications of protected veterans listed on page 2  
 I am not a protected veteran  I choose not to self-identify as a protected veteran

# Applicant Pre-Offer Invitation to Self-Identify

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## ETHNICITY/RACE

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**American Indian or Alaska Native** – A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

**Black or African American** – A person having origins in any of the Black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander**– A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Two or More Races** – A person who identifies with more than one of the above five races.

## PROTECTED VETERANS

**Disabled Veteran** refers to a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs or who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty, in the U.S. military, ground, naval or air service.

**Active duty wartime or campaign badge veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

**Armed Forces service medal veteran** refers to a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>i</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.