

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 the Sitrin Health Care Center, Sitrin Medical Rehabilitation Center, Cedarbrook Village Incorporated, Gan Kavod Inc., Sitrin Child Day Care Center, and 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?

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(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 Driver's License?

Yes

No

If yes, please provide license number and expiration date.

License Number: _____

Expiration Date: _____

Charles T. Sitrin Health Care Center, Inc.

Applicant Voluntary Self-Identification Form

Applicants are considered for all positions for which they qualify without regard to race, color, age, national origin, sex, sexual orientation, or disability.

Charles T. Sitrin Health Care Center, Inc., complies with applicable federal and state laws, including affirmative action regulations and responsibilities.

Solely to help us comply with required record-keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. It will not be used in considering and/or selecting applicants for employment. Submission of this information is voluntary, and your refusal to provide it will not affect your application for employment or subject you to any adverse consequences.

Name: _____

Position(s) Applied for: _____

Gender (Check One):

- Male Female

Please indicate your ethnicity/race by selecting one option under Ethnicity/Race. If you are Hispanic or Latino, please select the Hispanic or Latino category. If you are not Hispanic or Latino, please select one of the other categories. Please mark as appropriate the categories under the Veteran Status section.
(See definitions on page 2)

Race/Ethnic Group (Check One):

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Check All Applicable:

- Other Protected Veteran
- Recently Separated Veteran
- Armed Forces Service Medal Veteran

DEFINITIONS FOR VOLUNTARY IDENTIFICATION

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.

White (Not Hispanic or Latino) — A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) — A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) — A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) — 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.

American Indian or Alaska Native (Not Hispanic or Latino) — A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) — All persons who identify with more than one of the above five races.

VETERAN STATUS

Other Protected 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.

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.

Armed Forces Service Medal Veteran means any 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.

SIGNATURE

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.



CLICK HERE TO PRINT, SIGN, & MAIL

Mail To: 2050 Tilden Ave
PO Box 1000
New Hartford, NY 13413-1000

OR



CLICK HERE TO SUBMIT ELECTRONICALLY

By checking this box, I acknowledge my review of the signature section of this application and consent to its terms and conditions.