



### APPLICATION FOR EMPLOYMENT

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF SEX, AGE, RACE, RELIGIOUS CREED, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES OR DISABILITY.

*NOTICE TO APPLICANTS: GOOD SHEPHERD WILL REASONABLY ACCOMMODATE AN INDIVIDUAL'S DISABILITY DURING BOTH THE APPLICATION PROCESS AND ON THE JOB. THE HUMAN RESOURCE DEPARTMENT WILL BE HAPPY TO PROVIDE ANY REASONABLE ACCOMMODATION YOU MAY REQUIRE TO PARTICIPATE IN THE APPLICATION PROCESS.*

POSITION(S) APPLIED FOR

1. \_\_\_\_\_ Date \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_ Date Available \_\_\_\_\_

SHIFTS PREFERENCE (PLEASE RANK): DAYS \_\_\_\_\_ EVENINGS \_\_\_\_\_ NIGHTS \_\_\_\_\_  
 WORK PREFERENCE: FT \_\_\_\_\_ PT \_\_\_\_\_ CASUAL \_\_\_\_\_ TEMPORARY \_\_\_\_\_ SEASONAL \_\_\_\_\_  
 ARE YOU AVAILABLE FOR WEEKEND/HOLIDAY ASSIGNMENT? YES \_\_\_\_\_ NO \_\_\_\_\_  
 SOURCE/PERSON WHO REFERRED YOU TO US \_\_\_\_\_

#### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
             First                    MI                    Last  email address

ADDRESS \_\_\_\_\_ (\_\_\_\_)  
                             Street                            City                            State                            Zip                            Telephone #

PREVIOUS ADDRESSES: Please include previous temporary and permanent addresses covering the last ten years (use extra sheet if needed)

Street Address	City	State	County	Date From	Date To

ARE YOU UNDER 18 YEARS OF AGE? Yes \_\_\_\_\_ No \_\_\_\_\_  
 IF YES, WHAT IS YOUR BIRTHDATE? \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS A LEGAL RIGHT TO REMAIN AND WORK IN THE U.S.? (YOU WILL BE REQUIRED TO FURNISH PROOF OF LAWFUL WORK STATUS IF YOU ARE EXTENDED A JOB OFFER)  
 Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE READ THE ATTACHED JOB DESCRIPTION(S) THAT SETS FORTH THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH YOU HAVE APPLIED. ARE YOU ABLE TO PERFORM THESE ESSENTIAL FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION? Yes \_\_\_\_\_ No \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF AND/OR PLED GUILTY TO A FELONY, MISDEMEANOR OR VIOLATION? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE PROVIDE US ON AN ATTACHED SHEET OF PAPER THE SPECIFIC NATURE AND DETAILS OF THE CRIME(S), DATE(S), COURT LOCATION, SENTENCING INFORMATION AND DISPOSITION OF SENTENCE, INCLUDING ANY SUBSEQUENT REHABILITATION. (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT)

DO YOU HAVE ANY PENDING CRIMINAL CHARGES AGAINST YOU AT THIS TIME? Yes \_\_\_\_\_ No \_\_\_\_\_

**WORK HISTORY**

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

LIST BELOW YOUR WORK EXPERIENCE (STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER) FOR THE PAST FIVE YEARS OR YOUR LAST THREE EMPLOYERS, WHICHEVER WILL PROVIDE US WITH THE MOST INFORMATION ABOUT YOU. PLEASE ACCOUNT FOR ALL PERIODS OF ACTIVE VOLUNTEER WORK OR UNEMPLOYMENT IN THIS SECTION.

May we contact your present employer at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Name and Address of Company	DATES From _____ To _____ Starting wage _____ Last wage _____	Title _____ Description of duties:
Telephone	Supervisor	Reason for Leaving:
2. Name and Address of Company	DATES From _____ To _____ Starting wage _____ Last wage _____	Title _____ Description of duties:
Telephone	Supervisor	Reason for Leaving:
3. Name and Address of Company	DATES From _____ To _____ Starting wage _____ Last wage _____	Title _____ Description of duties:
Telephone	Supervisor	Reason for Leaving:
4. Name and Address of Company	DATES From _____ To _____ Starting wage _____ Last wage _____	Title _____ Description of duties:
Telephone	Supervisor	Reason for Leaving:
5. Explain and give details of any period of unemployment longer than 30 days. (use additional sheet)		

**OTHER:** Are there any other experiences, skills, or qualifications that would be of special benefit for the position for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) \_\_\_\_\_

**PERSONAL REFERENCES (OPTIONAL) Do not include relatives.**

Name	Occupation	Address	Phone Number

**RELATIVES EMPLOYED BY GOOD SHEPHERD FAIRVIEW HOME:**

Name/Department	Name/Department
1. _____	2. _____

**EDUCATION**

NAME, ADDRESS, AND ZIP CODE OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	DIPLOMA/DEGREE
High School _____ _____ _____			
College _____ _____ _____			
Other _____ _____ _____			

**Military Service**

Branch:	Years Served:	Rank:
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**CERTIFICATION OR LICENSE**

Type	Number	State Issued	Expiration Date

Has your license/certification ever been suspended/revoked/restricted or has a disciplinary investigation ever been conducted concerning your professional activities? (If yes, please explain) \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that my employment may be terminated with or without notice or cause, at any time, at either my option or that of the company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of Good Shepherd. I give Good Shepherd and/or their designee permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by Good Shepherd and/or their designee. After a tentative offer of employment has been made, I agree to take a job related medical examination at no personal expense and authorize the examining physician to disclose the findings to Good Shepherd and/or their designee. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job related medical examination.

**I have provided truthful and complete responses to inquiries in the application and understand that the discovery of any falsification or omission constitutes grounds for immediate dismissal.**

If employed, I will abide by Good Shepherd’s rules and regulations, which I understand are subject to change by Good Shepherd. I also understand that the information supplied by me regarding my employment history, education (authorization includes release of transcripts), credit, criminal history, medical and professional licensing, motor vehicle record, residence history, and references will be utilized as part of the processing procedures and that a background check will be conducted to verify the veracity of the information submitted and to develop information regarding my character, general reputation, personal characteristics and mode of living. I release and indemnify Good Shepherd and/or their agents and/or their designee against any liability that might result from making a background check.

An applicant who is offered an employment position must undergo a drug test and receive a negative test result prior to being employed by Good Shepherd. An applicant who tests positively for drugs will not be employed. If an applicant has already commenced work for Good Shepherd, the applicant will be terminated if a positive test result occurs.

A copy of this form is as valid as the original.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**APPLICANT- DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWER'S USE ONLY**

Interviewer	Date	Comments/Recommendations

Employer	Results of Reference Check	Employer	Results of Reference Check

	Results of Reference Check		Results of Reference Check
Criminal		Motor Vehicle (if applicable)	
Cert		License	
OIG		Education	

Position Offered? Yes \_\_\_\_\_ No \_\_\_\_\_

Position Accepted? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, was reason given for decline? \_\_\_\_\_

Position/Shift/Hrs/PP \_\_\_\_\_

Starting Wage \_\_\_\_\_

Informed of MMR Requirement? \_\_\_\_\_

Physical Scheduled \_\_\_\_\_

NY DOH CHRC Check (Fingerprint) Scheduled \_\_\_\_\_

Orientation Scheduled \_\_\_\_\_