

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 _____ | Title _____ Description of duties: |
| Telephone | Supervisor | Reason for Leaving: |
| 2. Name and Address of Company | DATES From _____ To _____ | Title _____ Description of duties: |
| Telephone | Supervisor | Reason for Leaving: |
| 3. Name and Address of Company | DATES From _____ To _____ | Title _____ Description of duties: |
| Telephone | Supervisor | Reason for Leaving: |
| 4. Name and Address of Company | DATES From _____ To _____ | 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: |
|---------|---------------|-------|

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 _____