

**PALATINE NURSING HOME**  
**Employment Application**

154 Lafayette St.  
 Palatine Bridge, NY 13428  
 Phone: (518) 673-5212  
 Fax: (518) 673-2004

**It is the policy of Palatine Nursing Home to comply with Federal and State laws. This facility does not discriminate in employment because of race, creed, color, national origin, sex, blindness, age, source of payment, marital status, genetic predisposition, or sexual preference.**

**APPLICANT INFORMATION**

Last Name:	First (full):	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:	Social Security #:		

Position Applied for: \_\_\_\_\_ Desired Status:  Full-time  Part-time  Per Diem

Preferred Shift: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Have you ever worked for this company? YES  NO  If YES, provide **Department, Position** and **Dates** of employment.  
 Dept.: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Applicant Referred by Current Employee Name of Employee: \_\_\_\_\_ Department: \_\_\_\_\_

If related to anyone in our employment state: Name: \_\_\_\_\_ Position: \_\_\_\_\_

Professional License/Certificate #: \_\_\_\_\_ State: \_\_\_\_\_ Date Expires: \_\_\_\_\_

If **UNDER** 18 years of age do you have a work permit?  Yes  No

Are you either a U. S. Citizen or an alien who has the legal right to remain and work in the U. S.?  Yes  No  
**You will be required to furnish proof of lawful work status if you are extended a job offer.**

Have you ever been convicted of a crime?  Yes  No  
 If yes, please describe fully the criminal conviction(s), listing the nature of the offense(s), the date(s) of the offence(s), and your rehabilitation since the conviction(s).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**A conviction record will not necessarily bar you from employment**

Are there any criminal charges against you?  Yes  No  
 If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had a non-criminal finding of abuse, neglect or misappropriation of resident property sustained against you?  
 Yes  No

Is there currently a non-criminal on-going investigation of abuse, neglect or misappropriation of resident property that involves you?  
 Yes  No  
 If yes, please describe fully the facts of the investigation:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently excluded from participation in Medicaid or any other federal health care program?  Yes  No

Have you ever been excluded from participation in Medicare, Medicaid or any other federal health care program or otherwise sanctioned by a federal health care program?  Yes  No  
 If so, please describe fully the reason for the exclusion(s)/sanction(s), the date(s) of the action leading to the exclusion(s) and the date you were reinstated.

**LIST THE LAST TWO SCHOOLS ATTENDED:**

<b>School Name:</b>	Field of Study:		
Last Grade Completed:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Street Address:	City, State, Zip:		
<b>School Name:</b>	Field of Study:		
Last Grade Completed:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Street Address:	City, State, Zip:		

**PERSONAL REFERENCES: PLEASE PROVIDE THE NAMES OF TWO PEOPLE NOT RELATED TO YOU**

Full Name:	Phone: ( )
Address:	Years Acquainted:
Full Name:	Phone: ( )
Address:	Years Acquainted:

**EMPLOYMENT HISTORY: LIST LAST JOB FIRST**

**MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES  NO**

<b>Employer:</b>	Phone: ( )		
Street Address:			
Job Title:	Supervisor:		
Salary:\$	Start Date:	End Date:	
Reason for Leaving:			
<b>Employer:</b>	Phone: ( )		
Street Address:			
Job Title:	Supervisor:		
Salary:\$	Start Date:	End Date:	
Reason for Leaving:			
<b>Employer:</b>	Phone: ( )		
Street Address:			
Job Title:	Supervisor:		
Salary:\$	Start Date:	End Date:	
Reason for Leaving:			

**APPLICANT'S STATEMENT**

I understand that if employed by Palatine Nursing Home, I will be an employee at will, which means that I can voluntarily end my employment or be terminated at any time for any reason or no reason at will. No statement whether written or oral, by any Company Representative other than a written statement signed by the owner may vary the foregoing.

I give Palatine Nursing Home permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by Palatine Nursing Home.

After a tentative offer of employment has been made, I agree to take a job-related medical examination at my personal expense and authorize the examining physician to disclose the findings to Palatine Nursing Home. I understand that any offer of employment is conditional upon receipt of satisfactory completion of such job-related medical examination.

I have provided truthful and complete responses to all inquiry in the application and understand that the discovery of any falsification or omission constitutes grounds for immediate dismissal. If employed, I will abide by Palatine Nursing Home's rules and regulations, which I understand are subject to change by Palatine Nursing Home.

Applicant Signature:

Date:

**\*PLEASE COMPLETE THE TOP PORTION(S) OF THE ATTACHED  
REFERENCE AUTHORIZATION FORMS\***

**RELEASE OF INFORMATION AND REFERENCE REQUEST**

***Instructions to Applicant: Please complete the below Personal Reference Information***

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

***Instructions to Applicant: Please complete the below Reference Authorization***

I \_\_\_\_\_

(Print Name)

give permission to Palatine Nursing Home to contact you for a personal reference.

Applicant Signature: \_\_\_\_\_

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

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**PERSONAL REFERENCE INQUIRY**

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

For your convenience in replying, a self-addressed stamped envelope is enclosed. Thank you for your assistance.

**PLEASE ANSWER THE FOLLOWING TO THE BEST OF YOUR KNOWLEDGE**

How long have you know this individual: \_\_\_\_\_

PLEASE RATE THE FOLLOWING:	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Dependability				
Attitude				
Leadership				

Your further comments on this individual's strengths and weaknesses are appreciated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

**EMPLOYMENT VERIFICATION RELEASE OF INFORMATION AND REFERENCE REQUEST**

***Instructions to Applicant: Please complete the below Employment Information***

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ End Date: \_\_\_\_\_

Position last held: \_\_\_\_\_

***Instructions to Applicant: Please complete the below Reference Authorization***

I \_\_\_\_\_

(Print Name)

give permission to release information regarding my employment history with your company.

Applicant Signature: \_\_\_\_\_

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

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**EMPLOYMENT REFERENCE**

**The above named individual has applied for employment with Palatine Nursing Home, listing your company as a former employer. Please find that the individual has signed for release of information. Please complete the form below and FAX to Palatine Nursing Home @ 518-673-5911.**

Is the above information correct?

Yes  No If not, please provide necessary corrections:

Date of Hire: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Reason for separation: \_\_\_\_\_

Position last held: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Eligible for rehire:  Yes  No

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE KEEP THIS FORM FOR YOUR RECORDS

# Palatine Nursing Home

## Required Documents

Upon offer of employment; new employees will be required to participate in a mandatory General Orientation on the first day of employment. All new employees are required to present:

- **Photo** Identification (i.e. Drivers License, Photo Sheriff's ID with expiration date, Driver's Permit)
- **Social Security Card or Birth Certificate**
- **Immunization Record** (providing proof of the MMR vaccine)

**New Hires will not be permitted to complete General Orientation and begin active employment prior to providing the required documents.**