



TO APPLICANT: This application will be given consideration, but its receipt by United Hebrew Geriatric Center does not imply or guarantee employment. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, ancestry, citizenship status, sexual orientation, arrest records or any other characteristic protected by applicable federal, state or local laws. UHGC will attempt to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you require such assistance to complete this form, to participate in an interview or to perform a job, please let us know.

PERSONAL DATA: (Please Print)

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

Full Name (no abbreviations) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

EMPLOYMENT INFORMATION

Position Applied For \_\_\_\_\_ Min. Salary Requested \_\_\_\_\_

Type of Employment Desired:  Full-Time  Part-Time  Per Diem

Availability: Days: M Tu W Th F Sa Su Hours: \_\_\_\_\_

When can you report for work? As of (date) \_\_\_\_\_

Were you previously employed by us?  Yes  No

If yes, please list dates/position(s) \_\_\_\_\_

If you are under 18-years old, can you provide proof of your eligibility to work?  Yes  No

If hired, will you be able to provide proof of your eligibility to work in the United States?  Yes  No

Do you have any friends or relatives employed at United Hebrew Geriatric Center, at Willow Towers or at AZOR, Inc.?  Yes  No

If yes, please lists name(s) & relationship to you. \_\_\_\_\_

Have you ever been certified as a Nursing Assistant in any state?  Yes  No If yes, which state(s) \_\_\_\_\_

Have you had any findings of patient or resident abuse?  Yes  No

Have you ever been convicted of a crime – misdemeanor or felony? (excluding traffic violations)  Yes  No

Conviction will not necessarily be a bar to employment. If yes, please explain: \_\_\_\_\_

EDUCATION & TRAINING

Circle highest grade completed: 5 6 7 8 9 10 11 12
College 1 2 3 4 Graduate 1 2 3 4

Degree or Licenses held: \_\_\_\_\_

Table with 7 columns: SCHOOL, NAME & LOCATION, FROM (month/year), TO (month/year), GRADUATED?, DEGREE, MAJOR &/or AREA of STUDY. Rows include Elementary, High School, Trade/Professional, College, Graduate, and Other.

The following is required for MD, RN, LPN, OT, PT, COTA, PTA positions

License # \_\_\_\_\_

for CNA positions

Certification # \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list your employment history below, beginning with your current or most recent employer. Please complete all information on this form; stating "See Resume" is not sufficient to consider your application complete.

Company Name		Specific Duties
Street Address		
City & State		Telephone
Dates Employed	From	To
Starting Salary		Ending Salary
Hired as (starting Job Title)		Supervisor's Name & Title
Reason for Leaving		
Current or Last Job Title		Supervisor's Name & Title

Company Name		Specific Duties
Street Address		
City & State		Telephone
Dates Employed	From	To
Starting Salary		Ending Salary
Hired as (starting Job Title)		Supervisor's Name & Title
Reason for Leaving		
Last Job Title		Supervisor's Name & Title

Company Name		Specific Duties
Street Address		
City & State		Telephone
Dates Employed	From	To
Starting Salary		Ending Salary
Hired as (starting Job Title)		Supervisor's Name & Title
Reason for Leaving		
Last Job Title		Supervisor's Name & Title

**MILITARY SERVICE**

Have you ever served in the Armed Forces of the United States?  Yes  No

If yes, which branch of service? \_\_\_\_\_ Dates of service: \_\_\_\_\_

**LANGUAGE & OTHER SKILLS**

Please list any languages (other than English) that you can speak.

Please list the computer systems and software you have experience with &/or any other experience, skills or qualifications that you feel would especially qualify you to work with United Hebrew Geriatric Center.

**APPLICANT'S ACKNOWLEDGEMENT**

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete. I understand that false, misleading or incomplete information given in my application or in any interview will be sufficient grounds for rejection of my application or the withdrawal of any outstanding job offers; or, if employed, for dismissing me from employment. I authorize United Hebrew Geriatric Center to contact all my employment references and to inquire about, investigate and obtain copies of any records that relate to me from my former employers and educational institutions I have attended. I authorize United Hebrew Geriatric Center to secure additional, job-related information about me, including background &/or credit investigations. I hereby release United Hebrew Geriatric Center, as well as any person or institution that provides United Hebrew Geriatric Center with any information about me, from any and all liability whatsoever resulting from any such inquiry, investigation or communication.

If hired, I agree to abide by all company rules and investigations. I understand and agree that nothing in this application shall constitute a contract or guarantee of employment. I also understand that, if employed, my employment may be terminated with or without notice at any time at the will of either United Hebrew Geriatric Center or myself. I further understand that no representative or agent of UHGC has the authority to enter into any agreement of employment, whether expressed or implied, or to make any agreement contrary to the foregoing. In addition, I understand that UHGC shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

Applicant's Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_