

# St. Joseph Nursing Home

2535 Genesee St. Utica, NY 13501

The Mission of St. Joseph Nursing Home is to provide optimum care to the aged and infirm in a Catholic, homelike atmosphere through a spirit of shared commitment.

## Pre-Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual preference, or veteran status, or the presence of a disability for which reasonable accommodations can be offered or any other legally protected status.

_____		_____	
Date of Application		Position(s) applying for	
_____		_____	
NAME (Last, First, Middle Initial)		Last 4 digits SS#	
Street Address			
_____		_____	
City	State	Zip Code	Phone Number

Employment Desired			
Full Time _____	Part Time _____	Per Diem _____	Temporary _____
Days _____	Evenings _____	Nights _____	Any _____
Are you able to perform the essential duties of the job(s) for which you have applied, with or without a reasonable accommodation? Yes ___ No ___ If No please describe any tasks which you are not able to perform with or without a reasonable accommodation.			
_____			
If under 18 please list date of birth: _____			
Are you legally eligible for employment in this country? Yes ___ No ___ If no explain _____			
Have you ever been convicted of a Crime? (or pending investigation of a crime) Yes ___ No ___			
If yes please give date & explain: _____			
Have you ever applied here before? Yes ___ No ___ If yes, when? _____			
Were you ever employed here? Yes ___ No ___ If yes, when? _____			
List any Friends or Relatives working here: _____			

In order to consider your application for employment, it is necessary to complete all information requested.

Education	School Name	Circle Highest Year Completed					Diploma/Degree
		4	5	6	7	8	
Elementary							
High School		9	10	11	12		
College		1	2	3	4		
Other							

**1. Current/Most Recent Employment**

\_\_\_\_\_

Company Name \_\_\_\_\_ Manager/Supervisor Name \_\_\_\_\_

\_\_\_\_\_

Address( Street, City, State, Zip) \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Employment Status \_\_\_\_\_ Hourly Wage \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ \$ \_\_\_\_\_

Title & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_ If you are currently employed here check if we CANNOT contact.

**2. Previous Employer**

\_\_\_\_\_

Company Name \_\_\_\_\_ Manager/Supervisor Name \_\_\_\_\_

\_\_\_\_\_

Address( Street, City, State, Zip) \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Employment Status \_\_\_\_\_ Hourly Wage \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ \$ \_\_\_\_\_

Title & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3. Previous Employer**

\_\_\_\_\_

Company Name \_\_\_\_\_ Manager/Supervisor Name \_\_\_\_\_

\_\_\_\_\_

Address( Street, City, State, Zip) \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Employment Status \_\_\_\_\_ Hourly Wage \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ \$ \_\_\_\_\_

Title & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**4. Previous Employer**

_____ Company Name		_____ Manager/Supervisor Name	
_____ Address( Street, City, State, Zip)		_____ Phone Number	
_____ Dates of Employment		_____ Employment Status	
From _____ to _____		Full Time __ Part Time __ \$ _____	
Title & Responsibilities: _____			
Reason for Leaving: _____			

**References** List Names and telephone numbers of three work/personal references who are not related to you.

Name	Title	Phone Number	Years Known

**Skills and Qualifications**

Summarize any training, skills, licenses and/or certificates that may assist you in performing the position.

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

By signing below, I confirm that the information given in this application is true and complete. I understand that if employed, false statements or omissions on this application shall be sufficient basis for dismissal. My signature below also authorizes St. Joseph Nursing Home to contact present or prior employers and request, the organization and St. Joseph Nursing Home from all liability for any damage whatsoever arising therefrom information given and received.

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

\_\_\_\_\_  
Any Prior Last Names or Alias

\_\_\_\_\_  
Date