



SODUS
REHABILITATION & NURSING CENTER

EMPLOYMENT APPLICATION

~ APPLICANT INFORMATION ~

Full Name: _____ Date: _____ SS #: _____
Last First M.I.

Address: _____
Street Address Apt./Unit # City State Zip Code

Home Phone: _____ Cell: _____ Email: _____

Date Available: _____ Position Desired: _____ Desired Salary: _____

Referred by: _____

Are you a US Citizen or eligible to work in the US? Yes No Are you over the age of 18 or have a work permit? Yes No

Have you ever worked or applied for SRNC? Yes No If yes, when/position? _____

Have you ever been convicted of a crime or have pending charges? Yes No If yes, explain _____
 Note: Positions that require a background check are 'hired pending background check outcome'. Answering 'yes', falsely or pending cases may result in revoking of job offer.

Have you ever had a non-criminal finding of abusing, neglecting or mistreating an individual? Yes No

If yes, describe _____

~ EDUCATION ~

School/Level	Address	From/To	Graduated		Degree
			Yes	No	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

~ EMPLOYMENT HISTORY ~

Company	Job Title	From/To	Address/Phone	Salary	May Contact		Reason left
					Yes	No	
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please summarize any job-related skills, qualifications or trainings acquired from employment or other experience:

~ DISCLAIMER & SIGNATURE ~

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that this application is not an offer of employment and if an offer is made the employment will be at-will. If an offer is made, it will be conditioned on getting a physical examination, certificates and licenses, immunization and background; as required for the position offered.

Applicants Signature: _____ **Date:** _____

Sodus Rehabilitation & Nursing Center is an equal opportunity employer and does not discriminate because of sex, age, race, color, religious creed, marital status, national origin, ancestry, citizenship, liability for service in the armed forces of US, disability or any other protected classification.

For office use:

Not Hiring

- Do not hire in the future
- Not Appropriate for current job opening
- Referred to another dept.
- Keep application for future opening within dept.

Suggest for interview

- Completed Reference Checks (See page 3)
- Interview Scheduled

Interview Results

- Hiring – **(Utilize New Hire Checklist)**
- Do not hire in the future
- Not Appropriate for current job opening
- Referred to another dept.
- Keep application for future opening within dept.

Comments: _____



~ PROFESSIONAL REFERENCE CHECK ~

- To be completed by the applicant: -

Applicant Name: _____ **Date:** _____

Reference Name: _____ **Reference Phone Number :** _____

Reference Email: _____ **Reference Fax Number :** _____

I hereby give permission to Sodus Rehabilitation & Nursing Center to contact the above reference and authorize the reference to provide all information requested of them.

Applicants Signature: _____ **Date:** _____

- To be completed by HR: -

Dear Reference;

The applicant named above has applied for the position of _____ and has provided you as a reference. We would appreciate your cooperation in providing us as much information as possible to assist the applicant/SRNC. After completion please return this form via the most convenient path. Your reply is strictly confidential. An early reply will expedite the processing of this application and both the applicant and SRNC will appreciate it. Thank you for taking time out of your busy schedule to complete it.

Email: _____ **Fax:** _____ **Mail:** _____

- To be completed by the reference: -

How long do you know the applicant? _____

Are you aware of any actions against this candidate that indicate unfitness for service? i.e. felony, abuse charge, marks on their license. Please describe: _____

Please check off the appropriate (and feel free to comment):

	Excellent	Good	Fair	Poor	
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reacts Under Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skills in Human Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Observational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Highly Recommended Qualified and competent Do not recommend Would you rehire? Yes No

Any further information which help us evaluate the applicant? _____

Reference's (or phone verification)'s Signature: _____ Title: _____ Date: _____

~ PERSONAL REFERENCE CHECK ~

- To be completed by the applicant: -

Applicant Name: _____ **Date:** _____

Reference Name: _____ **Reference Phone Number :** _____

Reference Email: _____ **Reference Fax Number :** _____

I hereby give permission to Sodus Rehabilitation & Nursing Center to contact the above reference and authorize the reference to provide all information requested of them.

Applicants Signature: _____ **Date:** _____

- To be completed by HR: -

Dear Reference;

The applicant named above has applied for the position of _____ and has provided you as a reference. We would appreciate your cooperation in providing us as much information as possible to assist the applicant/SRNC. After completion please return this form via the most convenient path. Your reply is strictly confidential. An early reply will expedite the processing of this application and both the applicant and SRNC will appreciate it. Thank you for taking time out of your busy schedule to complete it.

Email: _____ **Fax:** _____ **Mail:** _____

- To be completed by the reference: -

How long do you know the applicant? _____

Which position did the applicant hold at your company? _____

What are the dates of employment (From/To - Month and Year)? _____

Reason for leaving? _____

Are you aware of any actions against this candidate that indicate unfitness for service? i.e. felony, abuse charge, marks on their license. Please describe: _____

Please check off the appropriate (and feel free to comment):

	Excellent	Good	Fair	Poor	
Skill/Ability Specific to job/ Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attendance/ Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conduct/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Highly Recommended Qualified and competent Do not recommend Would you rehire? Yes No

Comments: _____

Reference's (or phone verification)'s Signature: _____ Title: _____ Date: _____