

Clinton Crest Manor

Application For Employment

We consider applications for all positions, without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____

Personal Information	
Name (Last, First, MI) _____	
Street Address _____	
City, State, Zip Code _____	County _____
If at current address less than five years, please list previous addresses including county	
Home Phone Number	Work Phone Number
Cell Phone Number	E-mail address
Social Security Number	Driver's License number/state/expiration

We Are An Equal Opportunity Employer

Best time to contact you at home is: AM PM

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

Have you ever filed an application with us before? Yes ___ No ___

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes ___ No ___

Are you currently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes ___ No ___

Proof of citizenship or immigration status will be required upon employment

Date available for work ___/___/___ What is your desired salary range?

- Are you available to work: Full-Time (please indicate 1 2 3 shift)
- Part-Time (please indicate Morning Afternoon Evening)
- Temporary (please indicate dates available) ___/___/___ - ___/___/___

Are you currently on "lay-off" status and subject to recall? Yes ___ No ___

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence (DUI)? Yes ___ No ___

If hired, do you have a reliable means of transportation to and from work? Yes ___ No ___

If hired, would you be able to travel and/or work overtime as needed? Yes ___ No ___

Have you ever been convicted of a crime or misdemeanor? Yes ___ No ___

If yes, please explain:

Education				
	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Education Continued
List any seminars, classes or other education not listed above which may help qualify you for the position applied for.
Describe any related training received in the United States military. If you need additional space, please add on page 6.

Employment Experience				
Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.				
Employer	Start date	End date	Essential job functions of final position	
Address	Starting salary	Ending salary	1	
			2	
City, State, Zip			3	
Phone Number			4	
Supervisor(s)				
Job Position(s)				
Reason(s) for leaving				

Employment Experience Continued			
Employer	Start date	End date	Essential job functions of final position
Address	Starting salary	Ending salary	1
			2
City, State, Zip			3
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Supervisor(s)			
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			2
City, State, Zip			3
Phone Number			4
Supervisor(s)			
Job Position(s)			
Reason(s) for leaving			

Additional Information
List professional, trade, business, or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment of other experience.

Specialized Skills: Please List
Kitchen Equipment :
Building Maintenance Equipment :
Office Equipment :
Software Used :
Other :

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING
Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?
Yes _____ No _____

References
Name
Address
Phone # ()
Name
Address
Phone # ()
Name
Address
Phone # ()

Applicant Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I hereby authorize former employers to release any and all references and records related to my past employment and work history to Clinton Crest Manor. I release and forever discharge any former employer(s) and Clinton Crest Manor of any and all claims related to this Employee Reference Request and any related exchange of records or other communications related to my past employment.

Applicant's Signature

Date

(if you need to add additional information, please add on a separate page)

CLINTON CREST MANOR MAINTAINS A TOBACCO FREE ENVIRONMENT

CLINTON CREST MANOR MAINTAINS A SUBSTANCE-FREE ENVIRONMENT

HARPENDING HOUSING, INC.
D.B.A. CLINTON CREST MANOR

PRE-EMPLOYMENT DRUG TESTING
CONSENT AND RELEASE FORM

I hereby consent to submit to a drug test and to furnish a sample of my urine in order to meet with Clinton Crest Manor's policy regarding the selection of applicants for employment.

I further authorize Finger Lakes Health Occupational Health Services to release the results to Clinton Crest Manor.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at Clinton Crest Manor.

I further agree to hold harmless Clinton Crest Manor from any liability arising in whole or part, out of the collection of the specimen, testing and use of the information from said testing in connection with consideration of my application for employment.

I have carefully read the above-mentioned and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ Date: _____

Signature: _____