

# 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 _____

<b>Personal Information</b>	
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:

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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
Phone Number			4
Supervisor(s)			
Job Position(s)			
Reason(s) for leaving			

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City, State, Zip			3
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Supervisor(s)			
Job Position(s)			
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			2
City, State, Zip			3
Phone Number			4
Supervisor(s)			
Job Position(s)			
Reason(s) for leaving			

<b>Additional Information</b>
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>

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

<b>Specialized Skills: Please List</b>
Kitchen Equipment :
Building Maintenance Equipment :
Office Equipment :
Software Used :
Other :

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

<b>References</b>
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)

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**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: \_\_\_\_\_

Harpending Housing, Inc.  
Clinton Crest Manor

COVID-19 Vaccination Status

Effective April 15, 2021, pursuant to the authority vested in the Commissioner of Health by sections 201, 206 and 2803 of the Public Health Law, sections 461 and 461-e of the Social Services Law, and Executive Orders 202, 202.86 and 202.88, Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR) is hereby amended by adding a new Subpart 66-4 titled, *COVID-19 Nursing Home and Adult Care Facility Vaccination Program*.

Per 66-4.3 *Requirements for Adult Care Facilities*, the operator and administrator of every adult care facility regulated pursuant to 18 NYCRR Parts 487, 488 and 490 and 10 NYCRR Part 1001 must make diligent efforts to arrange a vaccination appointment for all new personnel, including employees and contract staff, and every new resident and resident readmitted to the ACF within seven days of hiring, admission or readmission, as applicable.

The regulations also require all ACFs to make diligent efforts to arrange a vaccination appointment for all consenting, unvaccinated existing personnel and residents within seven days of the effective date of the regulation.

The regulations require ACFs to document vaccination status, attempts to schedule, methods used to schedule the vaccine, or declination, in the individual's personnel file or case management notes.

ACFs must obtain a written affirmation for signature, which indicates that the resident or employee were offered and declined the opportunity for the facility to arrange for a COVID-19 vaccination. The affirmation must state that the signatory is aware that, if they later decide to be vaccinated for COVID-19, it is their (resident/personnel) responsibility to request the facility arrange for their vaccination. The ACF must maintain signed affirmations on file at the facility and make such forms available at the request of the Department.

ACFs must certify to the NYSDOH, on a weekly basis, beginning April 29, 2021, that the ACF has proactively arranged for all new unvaccinated residents and personnel an opportunity to obtain the COVID-19 vaccine within seven days of being hired, admitted, or readmitted. The additional certification will be added to the weekly staff testing survey.

Nothing in this related regulation shall be construed to require an adult care facility to make a hiring determination based upon an individual's COVID-19 vaccination history or interest in receiving COVID-19 vaccination

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Please provide your COVID-19 vaccination status.

Have you received a COVID-19 vaccination? No                Yes

If no, are you interested in obtaining the vaccine? No                Yes

If you have received the vaccine, please provide additional information:

Vaccine:                Moderna                Pfizer                Johnson & Johnson

Dose 1 was received on: \_\_\_\_\_ at \_\_\_\_\_

Dose 2 was received on: \_\_\_\_\_ at \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

4/2021; 5/2021