

RIVER RIDGE LIVING CENTER, LLC

Employment Application

100 Sandy Drive
 Amsterdam, NY 12010
 Phone: (518) 843-3503
 Fax: (518) 843-3537

ALL INFORMATION MUST BE COMPLETED IN ITS ENTIRERTY FOR EMPLOYMENT CONSIDERATION

APPLICANT INFORMATION				
Last Name:		First:		M.I.:
Date:				
Street Address:			Apartment/Unit #:	
City:		State:		ZIP:
Phone:		Alternate Contact #:		
Applicant Referred: NEWSPAPER <input type="checkbox"/> CURRENT EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> _____				
Position Applied for:		Desired Salary:		Date Available:
Social Security #(optional):		Professional License/Certificate No.:		
Are you legally authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>Proof of legal authorization will be required upon hire.</i>				
Are you over 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, can you produce a work permit upon hire? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, provide last name and dates of employment?				
		Last Name:		Dates:
Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:				
EDUCATION				
High School:			Address:	
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:			Address:	
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Trade School/Cert. Program:			Address:	
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
REFERENCES ***MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT***				
<i>Please list three personal references.</i>				
Full Name:			Relationship:	
Street Address:			Phone: ()	
City, State, Zip				
Full Name:			Relationship:	
Street Address:			Phone: ()	
City, State, Zip				
Full Name:			Relationship:	
Street Address:			Phone: ()	
City, State, Zip				

EMPLOYMENT STATUS

Are you currently employed? YES NO If yes, may we contact your present employer? YES NO

Company: _____ Phone: () _____

Street Address: _____

Job Title: _____ Supervisor: _____

Starting Salary:\$ _____ Current Salary:\$ _____ Start Date: _____ End Date: _____

Reason for seeking employment elsewhere: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: () _____

Street Address: _____

Job Title: _____ Supervisor: _____

Starting Salary:\$ _____ Ending Salary:\$ _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Street Address: _____

Job Title: _____ Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Street Address: _____

Job Title: _____ Supervisor: _____

Starting Salary: \$ _____ Ending Salary:\$ _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

EQUAL OPPORTUNITY EMPLOYER

The River Ridge Living Center is an equal opportunity employer. Discrimination is prohibited based on race, color, creed, religion, national origin, age, sex, sponsor, disability, marital status, or sexual preference.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 I hereby authorize investigation of all statements contained in this application.
 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 misrepresentation or omission of the facts called for is cause for dismissal. Furthermore, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages be terminated at any time without previous notice.
 I understand that background checks and fingerprinting will be completed on all non-licensed personnel. All employment will be considered temporary until receipt of the criminal background check and employment approval provided by the NYS Department of Health.

Signature: _____ Date: _____

RIVER RIDGE LIVING CENTER, LLC

Reference Authorization

I hereby voluntarily consent to allow the River Ridge Living Center, any of its officers or authorized employees to check my appropriate references by asking any questions which they consider relevant to their hiring decision, including questions about my educational background, work experience, character and ability to interact with people.

Signature:

Date: