

Application for Employment



Lake Shore Campus
 845 Routes 5 & 20
 Irving, NY 14081
 (716) 951-7000

Tri-County Campus
 100 Memorial Drive
 Gowanda, NY 14070
 (716) 532-8900

Name _____

Date _____

We consider applications for all positions without regard to race, color, sex, national origin, age, disability, or any other legally protected status. We are an equal opportunity employer.

Position(s) Applied For:

Last Name	First Name	Middle Name	
Number	Street	Phone Number	
City	State	ZIP Code	2 nd Phone Number

(Please Circle Items)

How did you learn about us?

Advertisement Friend Walk-In Relative Other _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, please give date _____

Have you ever been employed with us before?

Yes No

If yes, please give dates _____

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 is required upon employment)

On what date would you be available for work?

Availability: Mon Tue Wed Thurs Fri Sat Sun

Full-Time _____ Part-Time _____

Shift Availability: Days _____ Evenings _____ Nights _____

Per Diem _____

Have you ever been convicted of a crime?

Yes No

(Conviction will not necessarily disqualify an applicant from employment)

If yes, please

explain _____

EDUCATION

	School Name and Location	Years Completed	Course of Study/ Degree
Jr High School		6 7 8	
High School		9 10 11 12	
College		1 2 3 4	
Graduate/ Professional		1 2 3 4	

REGISTRATION

(THIS SECTION TO BE COMPLETED BY PROFESSIONAL/LICENSED INDIVIDUALS ONLY)

Are you currently certified or licensed in NYS? Yes No

Certification or License # _____

Expiration Date _____

NYS permit # _____

Date Applied _____

Expiration Date _____

If not licensed, date of Boards _____

Other states licensed _____

REFERENCES

Please give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Are you able to perform job tasks such as lifting, pulling, pushing patients/residents/equipment if the job requires?
___ Yes ___ No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service experience and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status. If you need additional space, please attach an additional sheet paper.

Employer	Dates of From:	Work To:	Job Responsibilities
Address			
Telephone #	Rate of	Pay	
Job Title	Supervisor's Name		
Reasons for leaving			

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Reasons for leaving			

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other experience:

AUTHORIZATION & RELEASE OF REFERENCE INFORMATION

I certify that all of my statements and representations in this application are true and correct. I have not withheld any pertinent information. I understand and agree that any misrepresentation is sufficient cause of discharge if I am employed.

I authorize TLC Health Network to investigate any and all information given herein and release the facility from any liability and responsibility resulting from such investigation. I authorize the employers, educational institutions, and references named on this application to release information about me.

If I am a successful candidate, I will take all mandated physical examinations as required by the New York State Department of Health.

I agree that my acceptance of any offer of employment will not be reliant upon any specific or implied representation related to job security. I understand that if employed, my employment can be terminated by the facility at any time with or without cause.

At the end of my employment with TLC Health Network, I authorize the release of reference information regarding my work record.

I hereby authorize TLC Health Network to contact any schools, employers, law enforcement agencies, and/or persons who may aid the facility in determining my suitability for training and/or employment. I release those individuals and/or organizations from all liability whatsoever for issuing the requested information.

I may also be known under another name(s): Yes No

If so, please list name(s) by which you may be known _____
or that your records may be filed under. _____

I hereby authorize photocopies of this Reference Release form to be considered valid.

Signature: _____

Social Security Number Last 4 Digits: XXX-XX- _____

Date: _____

US CIVIL RIGHTS VOLUNTARY DISCLOSURE

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity: (Please choose one of the following)

Hispanic or Latino _____

Not Hispanic or Latino _____

Race: (Please choose one of the following)

White _____

Black or African American _____

American Indian/Alaska Native _____

Asian _____

Native Hawaiian or Other Pacific Islander _____

Gender: (Please choose one of the following)

Male _____

Female _____

Hiring Manager Use Only:

Please arrange an interview with this candidate.

Remarks of interviewer: _____

Signature _____ Date _____

NOTES: _____

