



Employment Application

Date:	
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Applicants are considered for all positions without regard to race, color, religion, or creed, sex, or sexual orientation, national origin, or citizenship status, age, marital, or veteran status, or the presence of a non-related medical condition or disability. Please fill out application in it's entirety.

Personal Information

Last	First	M	Email	SS#
Street Address		City	State	Zip
			Home Phone	Mobile Phone
Are you entitled to work in the United States? Y/N		Are you 18 or older? Y/N		
Have you ever been sanctioned or otherwise disciplined by, or excluded from, the New York Medicaid Program, Medicare or any other state or federal government funded program? Y/N			If yes, please explain:	
Expected Hourly Rate	Expected Weekly Earnings	Date Available	Hours Available	Days Available (M, Tu, W, Th, F) Please list
Have you ever been or are you currently the subject of an indicated child abuse or maltreatment report on file with the New York Statewide Central Register of Child Abuse and Maltreatment? Y/N			If yes, please explain:	
Have you ever been investigated by, or subject to a disciplinary proceeding by a professional licensure or disciplinary agency (such as the Office of Professional Discipline, the Office of Professional Medical Conduct, or the Department of Health), in New York or in any other state? Y/N			If yes, please explain:	
Military Service? Y/N If Y, Branch?		Currently? Y/N		Veteran? Y/N
What position are you applying for?			How did you hear about this position?	
Do you have your OWN transportation? Yes/No				

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment (From/To)	From	To	From	To	From	To
Position/Job Title						
Pay	XXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXX	
Reason for Leaving						
May We Contact? Yes/No						

Education - if not stated on resume

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School				
College/University				
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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Professional References

	Name	Relationship	Phone/Email
Name			
Name			
Name			