

# RIVER RIDGE LIVING CENTER

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 <b>last name</b> and <b>dates</b> 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			
<b>High School:</b>		Address:	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
<b>College:</b>		Address:	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
<b>Trade School/Cert. Program:</b>		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			

**Notify in case of Emergency**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

<b>EMPLOYMENT STATUS PLEASE - ALL GAPS IN EMPLOYMENT MUST BE LISTED</b>			
Are you currently employed?    YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, may we contact your present employer?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Company:</b>		Phone: (    )	
Street Address:			
Job Title:		Supervisor:	
Starting Salary:\$	Current Salary:\$	Start Date:	End Date:
Reason for seeking employment elsewhere:			
<b>PREVIOUS EMPLOYMENT</b>			
<b>Company:</b>		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 <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company:</b>		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 <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company:</b>		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 <input type="checkbox"/> NO <input type="checkbox"/>			
<b>EQUAL OPPORTUNITY EMPLOYER</b>			
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.			
<b>DISCLAIMER AND SIGNATURE</b>			
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.			
All employment is contingent upon successful completion of the facility pre-employment requirements.			
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**

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: