

## Application for Employment

Please print and complete in full.

We are an Equal Opportunity Employer and does not discriminate in hiring on the basis of race, color, religion, national origin, sex, sexual orientation, ancestry, veteran or military status, marital status, handicap status, disability, or age. No information on this application is intended to secure information to be used for such discrimination. This application will be given consideration, but its receipt does not imply that the applicant will be employed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Last                                    First                                    Middle

Other Names Used \_\_\_\_\_

Address: \_\_\_\_\_  
                     Street  City  State  Zip Code

Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_  
 Number: \_\_\_\_\_ Number: \_\_\_\_\_

List position(s) or type of work in order of preference for which you are interested: Salary Required: \$ \_\_\_\_\_

Check all work schedules acceptable to you:  
 Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Weekends \_\_\_\_\_  
 Consultant \_\_\_\_\_ Per Diem \_\_\_\_\_ Temporary \_\_\_\_\_

Specific Days and Hours: \_\_\_\_\_

Date available for employment \_\_\_\_\_

Are you a citizen of the USA? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you over age 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied for work at the Masonic Care Community or Acacia Home Care? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, when? \_\_\_\_\_

Have you ever worked at the Masonic Care Community or Acacia Home Care? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, when?: \_\_\_\_\_

Are you able to perform the essential duties of the job(s) for which you have applied, with or without a reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please describe any tasks which you are not able to perform with or without a reasonable accommodation (position description available upon request):

\_\_\_\_\_  
 List relatives working at the Masonic Care Community or Acacia Home Care and state relationship:

Have you ever been convicted or have any charge pending of a crime or violation? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain \_\_\_\_\_

Education	Name/Address	Degree Received	Major
High School			
College			
College			
Other training, certification/licenses:			

<b>(Start with Present or Last Job)</b>					<b>EMPLOYMENT EXPERIENCE</b>	
<b>FROM</b>		<b>TO</b>		<b>EMPLOYER'S NAME ADDRESS AND TELEPHONE NO.</b>	<b>LAST SALARY AND POSITION(S) HELD</b>	<b>REASON FOR LEAVING</b>
Mo.	Yr.	Mo.	Yr.	Employer No. Street City, State, Zip Supervisor Phone:	Salary  Position	
Mo.	Yr.	Mo.	Yr.	Employer No. Street City, State, Zip Supervisor Phone:	Salary  Position	
Mo.	Yr.	Mo.	Yr.	Employer No. Street City, State, Zip Supervisor Phone:	Salary  Position	
Mo.	Yr.	Mo.	Yr.	Employer No. Street City, State, Zip Supervisor Phone:	Salary  Position	
Mo.	Yr.	Mo.	Yr.	Employer No. Street City, State, Zip Supervisor Phone:	Salary  Position	

<b>WORK RELATED REFERENCES</b>		
<b>GIVE NAMES OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR THE POSITION</b>		
<b>Name</b>	<b>Organization:</b>	<b>Occupation:</b>
	<b>Address:</b>	<b>Phone #:</b>
<b>Name</b>	<b>Organization:</b>	<b>Occupation:</b>
	<b>Address:</b>	<b>Phone #:</b>
<b>Name</b>	<b>Organization:</b>	<b>Occupation:</b>
	<b>Address:</b>	<b>Phone #:</b>

**REFERRAL SOURCE**

Advertisement      Employee      Relative      Walk-in      Job Fair      Web      Other

**Please describe your interest in employment with us.**

I voluntarily give this facility the right to make a thorough investigation of my past employment and activities, agree to cooperate in investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this facility at such times and places as the facility shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal; 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated without cause at any time without prior notice; and 3) I will abide by Company rules, policies and procedures, which I understand are subject to change.

If employed, I will be required to complete an Employment Verification (I-9), and within three days, show satisfactory evidence of identity and eligibility for employment.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



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## Authorization for Search and Exchange of Information

As part of an application for employment New York State regulation requires nursing home and home care operators to obtain all information necessary for the purpose of initiating a criminal history record check, including a fingerprint card. The employer shall submit the fingerprint card, the fee for such record check, and all other required information to the NYS Department of Health, which shall then submit the same to the U.S. Attorney General's Office for its full search of the records of the FBI.

After receiving the criminal history record check from the Attorney General, the NYS Department of Health will forward the information on to the employer. You may withdraw your application for employment at anytime, without prejudice, prior to the decision on employment. **The employer is prohibited from hiring any individual whose history check reveals a mandatory disqualifying offense.** You will have the opportunity to obtain, review and explain the information contained in the criminal history record check.

If you have any criminal history record information of patient or resident abuse, or a **conviction for a crime or violation** please explain:

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I, hereby authorize Masonic Care Community to submit a request to the Attorney General of the United States to conduct a search of the records of the Criminal Justice Information Services Division of the Federal Bureau of Investigation for any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize the exchange of such information between the Attorney General of the United States, the New York State Department of Health and Masonic Care Community, and within its healthcare system (i.e. among "sister" nursing homes/home care agencies). This information may be used by Masonic Care Community and only for the purpose of determining my suitability for employment.

I further authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish to the Masonic Care Community, and/or its agents, with any and all information in their possession regarding me, in connection with an application of or retention of employment. I hereby release from liability and hold harmless all persons and corporations supplying this information. A photocopy of this authorization is as effective as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(print)

*TALENTS*  
*Empathy Teamwork Service Responsibility*

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

1. Which accomplishments on the job gave you the most satisfaction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Tell me about a time when you took it upon yourself to accomplish a task on the job without being asked. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What are the aspects of your present job that you like? Dislike? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What experience do you have working in groups? Please be specific. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What are some of the things about your last job that you found difficult to do? Easiest? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What do you know about MCC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. In what kind of work environment are you most comfortable? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What types of experiences have you had in dealing with difficult customers in previous employment? Who were your customers? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Tell me about a difficult situation you had with a supervisor or co-worker. How did you work through these difficulties? How did the relationship end? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Tell me about a resident that you truly connected with in your previous job. (Follow-up) What did you learn about him/her? What did you learn about yourself from this relationship? Why do you think you connected with that person so much? How did the resident benefit? What about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_