

Brookmeade Community

46 Brookmeade Drive
Rhinebeck, NY 12572
www.brookmeadecommunity.org
Arbor Ridge – The Terraces – Meadows

Application for Employment

We consider applicants for all positions without regard to race, color, creed, age, gender, sexual orientation, disability, marital status, military or veteran status, arrest/conviction record, national origin, genetic information, predisposition, or carrier status, domestic violence victim status or any other status protected by applicable law.

Check One: ___ Arbor Ridge ___ The Terraces ___ Meadows Adult Day ___ Meadows Skilled Nursing

Position: _____ Date Available: _____

Salary Requirements: \$ _____

Personal Information

Name	Any other name(s) under, which you have been previously employed:
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Mailing Address:

City	State/Zip Code
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Last 4 Digits of Soc. Sec. #	Phone Number (Home/Cell):
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Email Address:

Names of friends or relatives employed in this organization:

(Check one below)

If you are under 18 years of age, can you furnish a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever been employed by us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you legally allowed to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever been convicted of or pled guilty to a felony, misdemeanor, violation, or other crime (other than a minor traffic violation?)

Yes

No

If yes, please give details, including dates of dispositions.

Are there any arrests or criminal accusations pending against you?

Yes

No

If yes, provide details.

Please Note: Neither a conviction nor an arrest is an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position.

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?

Yes

No

If Yes, describe in detail:

Are you available to work: Full Time _____ Part Time _____ Shift Work _____

Can you travel if the job requires it? Yes No Are there any restrictions? Yes No

If yes, please explain:

Education

	School Name, Address and Phone Number	Course of Study	Did you graduate from this institution?
High School			
College /University			
Technical/Business Training			
Other (Specify)			

Professional organizations and/or license(s) that may be job related:

**Please Attach copies of current professional certificates/licenses.*

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?

Yes No

If yes, provide details (e.g., dates, outcomes, sanction [if any]):

References

Please provide name, address, and a telephone number of three references not related to you who are qualified to evaluate your capabilities and are not previous employers.

Name	Address	Phone Number

Employment Experience

List below your last five employers, beginning with the most recent

Employer Name and Location	Date of Employment	Last Position/Title
Name: _____ City: _____ State: _____	From: month/year _____ To: month/year _____	
Supervisor's Name	Reason for Leaving	
Explain any break in employment between the position below and the position above		

Employer Name and Location	Date of Employment	Last Position/Title
Name: _____ City: _____ State: _____	From: month/year _____ To: month/year _____	
Supervisor's Name	Reason for Leaving	
Explain any break in employment between the position below and the position above		
Employer Name and Location	Date of Employment	Last Position/Title
Name: _____ City: _____ State: _____	From: month/year _____ To: month/year _____	
Supervisor's Name	Reason for Leaving	
Explain any break in employment between the position below and the position above		
Employer Name and Location	Date of Employment	Last Position/Title
Name: _____ City: _____ State: _____	From: month/year _____ To: month/year _____	
Supervisor's Name	Reason for Leaving	
Explain any break in employment between the position below and the position above		
Employer Name and Location	Date of Employment	Last Position/Title
Name: _____ City: _____ State: _____	From: month/year _____ To: month/year _____	
Supervisor's Name	Reason for Leaving	

Explain any break in employment between the position below and the position above	
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Applicant's Statement:

I understand that neither this application, any statements made by any employer representatives, nor any offer of employment constitutes an employment contract. I understand that should an offer of employment be extended, that employment will be "at will", for no specified duration and may be terminated by myself or the employer at any time, with or without cause. I also understand that no employer representative has the authority to enter into an employment contract, guarantee employment for a specified period, or modify any of the foregoing, other than in a written document signed by the Director of Human Resources or designee.

I certify that the information provided in and incorporated by reference into this application and all other information I provide during the hiring process is true, accurate and complete and authorize employer to investigate such. I further understand that any misrepresentation or omission may be justification for rejection of my application or cause for terminating my employment at any time, regardless of the timing or circumstances of discovery.

Applicant's Signature _____

Date _____



Availability Form

Please write in the chart below what times you would be available to work as well as times you are not available to be scheduled to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:							
Finish:							

Any changes in availability must be approved by department manager and with advanced notice of 2 weeks.

Name _____
Print Name

Signature

Date: _____