

# WELLS NURSING HOME EMPLOYMENT APPLICATION

Please be advised we consider applicants for all positions without regard to race, color, religion/creed, sex/gender, age, national origin, disability/handicap, marital or veteran status, sexual orientation, or any other legally protected status.

**PLEASE PRINT**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ DAY TIME PHONE # \_\_\_\_\_

POSITION (S) APPLIED FOR:

\_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

\_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? Yes \_\_\_\_\_ No \_\_\_\_\_

DO YOU PREFER TO WORK FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

PLEASE INDICATE DAYS AND HOURS YOU PREFER \_\_\_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE EXPLAIN

\_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes \_\_\_\_\_ No \_\_\_\_\_

\*Proof of citizenship or immigration status will be required upon employment.

DESCRIBE SPECIALIZED SKILLS, TRAINING, AND ACTIVITIES THAT MAY ASSIST YOU IN PERFORMING THE POSITION FOR WHICH YOU ARE APPLYING.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU LEARN ABOUT US? Advertisement \_\_\_\_\_ Employment Agency \_\_\_\_\_

Walk In \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

IS THERE ANY REASON KNOWN TO YOU WHY YOU CAN'T PERFORM IN A REASONABLE MANNER THE DUTIES OUTLINED IN THE JOB DESCRIPTION WITH OR WITHOUT REASONABLE ACCOMMODATION? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, HOW MIGHT WE ACCOMMODATE YOU? \_\_\_\_\_

WHAT SPECIAL ARRANGEMENTS WOULD BE NECESSARY TO ACCOMMODATE YOU?  
\_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST TEN YEARS?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Conviction will not necessarily disqualify an applicant for employment)

**EDUCATION**

**CIRCLE HIGHEST GRADE COMPLETED**

GRADE SCHOOL  
1 - 8

HIGH SCHOOL  
9, 10, 11, 12

COLLEGE  
1, 2, 3, 4, 5, 6

OTHER  
1, 2, 3

NAME AND ADDRESS OF SCHOOL \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_

GRADE/HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

OTHER \_\_\_\_\_

**PERSONAL REFERENCES**

**\* PLEASE INCLUDE MAILING ADDRESS**

NAME

ADDRESS

PHONE NUMBER

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PRIOR EMPLOYMENT EXPERIENCE**

1. NAME/ADDRESS/PHONE # OF EMPLOYER DATE OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
SALARY? \_\_\_\_\_

2. NAME/ADDRESS/PHONE# OF EMPLOYER DATE OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
SALARY? \_\_\_\_\_

3. NAME/ADDRESS/PHONE# OF EMPLOYER DATE OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wells Nursing Home, Inc.**

201 W. Madison Ave .• Johnstown, NY 12095 • (518) 762-4546

**CONFIDENTIAL REFERENCE REQUEST**

I, \_\_\_\_\_, am making application to the above named facility for the position of \_\_\_\_\_.  
My Social Security number is: \_\_\_\_\_.

I hereby authorize you to furnish Wells Nursing Home personal information regarding my employment with your organization and release you from any liability for damages arising from said information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Information relative to the above organization will be treated with strict confidence.

\_\_\_\_\_  
Signature Wells Nursing Home Representative

\_\_\_\_\_  
Date

\*\*\*\*\* **APPLICANT, DO NOT WRITE BELOW THIS LINE** \*\*\*\*\*

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Position/Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Would you rehire? \_\_\_\_\_ If not, why? \_\_\_\_\_

	Excellent	Good	Average	Fair	Poor
Quality of work specific to job	_____	_____	_____	_____	_____
Reliable/Dependable Attendance	_____	_____	_____	_____	_____
Neatness of Dress	_____	_____	_____	_____	_____
Adaptability-Cooperation	_____	_____	_____	_____	_____
Physical Health	_____	_____	_____	_____	_____
Profession Integrity	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# APPLICANT'S STATEMENT

I hereby grant Wells Nursing Home permission to contact all persons and employers listed.

I give permission for the Wells Nursing Home to do a criminal conviction investigation check on me.

All direct care staff (those not licensed under Title 8 of the Education Law or under Article 28-D of the Public Health Law) who apply for employment with Wells Nursing Home are required to have a criminal history record check (CHRC), which is obtained by fingerprinting you and submitting it to the FBI for processing.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date