



BEECHTREE CARE CENTER
Ithaca, New York
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Beechtree Care Center considers all applicants for employment without regard to race, color, national origin, sex, disability, age, marital status or sexual preference in accordance with applicable laws. Beechtree Care Center also provides reasonable accommodations to individuals with disabilities in accordance with applicable laws. We appreciate your interest in employment with our organization.

All pages must be completed to be considered for employment

Date: _____ Position or Department Applying For: _____

Name: _____ SS#: _____
Last First Middle

Present Address: _____
No. Street Apt. #
 _____ Telephone: (____) _____
City StateZip Cell Phone (____) _____

How did you learn about this position? _____

Are you eligible to work in the United States? YES: NO:

Are you under the age of 18? YES: NO: If under 18, can you provide working papers? _____

Have you ever submitted an application for employment with us before? _____
 If yes, when: _____ For what position or department: _____

Have you previously been employed by the Beechtree Care Center or The Reconstruction Home? _____
 If yes, when: _____ In what Position: _____

Are you looking for: Full Time: Part Time: Days _____ Evenings _____ Nights _____
 If part time, please specify days and hours you are available _____

Are you willing to work overtime? Yes: No:
 If no, please explain: _____

Are you presently employed? Yes: No: If yes, may we contact your current employer? _____
 Date you would be able to start employment: _____

Have you ever been convicted of a crime (Misdemeanor or Felony)? Yes: No:
 If yes, what was the conviction? (**you must disclose ANY conviction for ANY crime other than a traffic infraction**) _____

Have you ever been charged or convicted of any resident/patient abuse? Yes: No:

EDUCATIONAL INFORMATION

School	Name and Address	Course of Study	Graduated (yes/no)	List Diploma or Degree
High School				
College				
Post Graduate				
Business/Trade				
School Nursing				
Other				

Have you served in the U.S. Armed Forces? Yes: No:

If yes, please list any duties you performed in the service, including any special training that is relevant to the position for which you are applying: _____

Do you have any special skills such as computer experience or any other training that would help you better perform the job for which you are applying? _____

Work Experience

(Please list your current or most recent employer first)

Phone Numbers of previous employers are required for reference checks. Thank You.

Employer: _____
 Address: _____ **Phone #** () _____
 Position: _____ Employed from: _____ to: _____
 Salary: _____ Reason for leaving: _____
 Person to contact for reference: _____ Title: _____
 Describe duties performed: _____

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Personal References

Please list at least three people who are not relatives or previous employers.

Name: _____ Address: _____ Phone: (____) _____
Name: _____ Address: _____ Phone: (____) _____
Name: _____ Address: _____ Phone: (____) _____

If the position you are applying for requires a license, registration or certification:

Are you currently licensed to practice in New York State? _____

License Number: _____ Permit Number: _____ Exp. date: _____

Check All Areas of Experience:

Medical _____ Surgical Nursing _____ Obstetrical Nursing _____ Psychiatric Nursing _____

Intensive Care Unit _____ O.R. and Recovery Room _____ Geriatric _____ Emergency-Out Patient _____

Other _____ Please list any other nursing or medical qualifications? _____

PREEMPLOYMENT STATEMENT (PLEASE READ VERY CAREFULLY)

I understand and voluntarily agree that:

- 1.) The information that I have provided on this application as well as any other information provided in this application process, is true and any false or omitted statements may be justification for the refusal of employment or if I am hired, the termination of my employment.
- 2.) If I am hired and my employment is not covered by the union contract, I understand that either Beechtree Care Center or I may terminate my employment at any time.
- 3.) As a condition of my employment, Beechtree Care Center will perform a criminal background check on me upon hire and may perform additional background checks at any time during my employment. I understand that if such a check discloses any conviction for a misdemeanor or felony, my employment may be summarily terminated.
- 4.) At all times during my employment with Beechtree Care Center, I must not be disqualified by any local, state or federal agency or any governmental unit from providing goods or services to the facility and if I should be so disqualified, my employment will be immediately terminated without any liability or obligation on the part of the facility except to pay for any services provided up to the date of disqualification.

Signature

Date



BEECHTREE CARE CENTER
318 S. Albany St. Ithaca, NY 14850

Authorization for Release of Information

TO: Any Local, State or Federal Agency;
Any Governmental unit;
Any Past or Present Employer;

I, the undersigned, hereby authorize the release of my information to Beechtree Care Center. I am aware that my entire background may be thoroughly investigated and I hereby request the release of any and all information you may have that concerns me.

Legal Name: _____
(Print or Type) First Initial Last

**AKA (Also Known As) OR
Maiden Name** _____
(Print or Type)

Date of Birth: _____ **Social Security # :** _____

Current Address: _____

Previous Address: _____

Signature: _____ **Date:** _____

This authorization or a reproduction thereof, shall be valid for the entire length of my employment with Beechtree Care Center.



BEECHTREE CARE CENTER

318 S. Albany St. Ithaca, New York

607-273-4166 607-277-7004 - fax

(Formerly known as: The Reconstruction Home)

Name: _____ SS#: _____ has submitted an application for employment with our facility and has given your facility as a reference. We would appreciate any information you could provide to assist us in determining the applicant's suitability for employment. Thank you.

I hereby authorize the release of this information and any other information concerning my employment with you to Beechtree Care Center.

Signature _____
Date

Potential employees please do not write below this line – To be completed by previous employers only

Length of Employment - From _____ To: _____

Position Held: _____

Reason for leaving: _____ Was sufficient notice given? _____

Would you rehire? _____ If no, why? _____

Appraisal (check one:) Above Average Average Below Average

Appraisal of work _____ _____ _____

Ability to learn _____ _____ _____

Cooperation _____ _____ _____

Punctuality _____ _____ _____

Attendance _____ _____ _____

Trustworthiness _____ _____ _____

COMMENTS: _____

Facility Name: _____

Signature: _____ Title: _____ Date: _____

Please FAX or mail back to us as soon as possible. Thank you.