



**EMPLOYMENT APPLICATION**  
**180 Washington Avenue Extension**  
**Albany, New York 12203**  
**Phone: (518) 456-7831 Fax: (518) 456-1563**

**Please Print Clearly In Ink**

**PERSONAL**

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Status:     Full Time         Part Time         Per Diem        Salary Expected: \_\_\_\_\_

Shift Preference:     Day         Evening         Night

Are you at least 18 years of age?     Yes     No        If not, state age: \_\_\_\_\_

Are you legally authorized to work in the USA?     Yes     No

How did you learn about the employment opportunities at Daughters of Sarah Senior Community?  
 \_\_\_\_\_

Were you previously employed at Daughters of Sarah Nursing Center or the Massry Residence?     Yes     No

If yes, position /date: \_\_\_\_\_

Have you previously applied at Daughters of Sarah Senior Community?     Yes     No

Do you have any relatives employed at Daughters of Sarah Senior Community?     Yes     No

If yes, state name and relation: \_\_\_\_\_

Have you ever been convicted of or pled guilty to a felony, misdemeanor, violation or other crime (other than a traffic violation)?     Yes     No

If yes, provide details: \_\_\_\_\_

Are there any arrests or criminal accusations pending against you?     Yes     No

If yes, provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Neither an arrest nor a conviction 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: \_\_\_\_\_  
 \_\_\_\_\_

**List Most Recent Experience First**

**EMPLOYMENT HISTORY**

Employer	Your position:	From	To	Reason for Leaving	Name if different from present
Address	Supervisor (name & title)	Mo/Yr	Mo / Yr		
Telephone:					

Explain any break in employment between the position below and the position above:  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer Address Telephone:	Your position: Supervisor (name & title)	From Mo/Yr	To Mo / Yr	Reason for Leaving	Name if different from present
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Explain any break in employment between the position below and the position above:

Employer Address Telephone:	Your position: Supervisor (name & title)	From Mo/Yr	To Mo / Yr	Reason for Leaving	Name if different from present
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**\*May we contact your current employer for a reference at this time?**     Yes     No

### MILITARY SERVICE

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you receive an Honorable or General Discharge? \_\_\_\_\_ Date: \_\_\_\_\_

Special Skills of Training: \_\_\_\_\_

### EDUCATION

School Name	Location	Course/Major	Did you Graduate?		Degree/No. of credits
			Yes	No	
High School					
College					
Graduate School					
Nursing					
Other					

Professional License or Certification Permit Number	Expiration Date	Number of Years Licensed
1.		
2.		

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, outcome, and sanction [if any]):

\_\_\_\_\_

\_\_\_\_\_

### SPECIAL SKILLS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Note:** We are a drug-free workplace. You may be required to submit a drug test upon offer of employment. Any offer of employment will be withdrawn if you test positive for illegal drug use or if you do not adhere to the 24-hour timeframe to have the test completed at the designated location.

### **APPLICANT’S CERTIFICATION AND AGREEMENT**

I understand that neither this application, any statement made by any employer representative, nor any offer of employment constitutes an employment contract. I understand that should an offer of employment be extended, the 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 guaranteeing employment for a specified period, or modify any of the foregoing, other than in a written document signed by the Chief Executive Officer.

I hereby certify that the information provided in and incorporated by reference into this employment application and all other information I provide during the hiring process is true, accurate and complete and authorize employer to investigate such.

If accepted for employment, I hereby agree to abide by the Daughters of Sarah’s rules and policies. I understand that employment for all employees is dependent upon satisfactory completion of a medical examination, receipt by Daughters of Sarah Senior Community of satisfactory references, attendance at employee orientation, and satisfactory completion of an introductory employment period.

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

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