

Application For Employment



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An Equal Opportunity Employer

Applicant Information

Name:			
Address:		City:	State: Zip Code:
Phone No: ()		Social Security No: XXX-XX-XXXX	
Position Desired:		Referred By:	
Shift Preference: Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Can you work weekends and holidays? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem			
How did you learn of Fox Run? Friend: Who _____ Ad: Where _____ Other:			
Date you can start:			
Are you legally eligible for employment in the US? Yes <input type="checkbox"/> No <input type="checkbox"/> Documents that establish your eligibility for employment under US immigration laws will be required upon employment			
Are you under 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you are required to provide appropriate work authorization papers.			
Have you ever been convicted of a crime (including any guilty plea) or do you have any arrest currently pending? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			
Education			
	Name and Location of School	Degree/Diploma	Course of Study
High School			
College			
Trade School			
Other			
Professional License(s) and Registration(s) Please list all professional licenses or registrations and their number			
Skills and Qualifications:			
Special Accomplishments, Publications, Awards:			

Fox Run at Orchard Park is a Drug and Smoke Free Workplace

Employment History

Please list your last three employers, beginning with the most recent. Please give complete and accurate information. If you have never been employed, please skip this section and complete the reference section below.

Company Name:	Telephone No:
Address:	
Job Title:	Dates Employed: From To
Supervisor's name and title:	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:	
Company Name:	Telephone No:
Address:	
Job Title:	Dates Employed: From To
Supervisor's name and title:	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:	
Company Name:	Telephone No:
Address:	
Job Title:	Dates Employed: From To
Supervisor's name and title:	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:	

Professional References

Please list the name, title, address and telephone number of three professional references we may contact. If you have never worked, list three school or personal references that are not related to you.

Name, Title	Address	Phone No.	Years Known

Acknowledgement & Authorization

Read Carefully: I certify that the facts set forth in this employment application are true and complete to the best of my knowledge and that I will advise you if there are any changes to these answers. I understand that any misstatement or omission of fact shall be cause for dismissal. Fox Run at Orchard Park has my permission to obtain information from my past and I understand that if I am employed by Fox Run at Orchard Park, my employment will be on an at-will basis such that my employment and compensation may be terminated with or without cause or notice at any time, at the option of either myself or Fox Run at Orchard Park. Neither this application nor any other Fox Run at Orchard Park personnel forms shall constitute an employment contract.

Signature of Applicant: _____ Date: _____

Please sign application before returning, attach resume or additional pages as needed.



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Employment Application

Fox Run at Orchard Park
Continuing Care Retirement Community
One Fox Run Lane
Orchard Park, New York 14127

(716) 662 5001

Fox Run at Orchard Park is an Equal Opportunity Employer. All applications are welcome and will be considered without regard to race, color, religion, gender, sexual orientation, national origin, age, veteran status, or disability.



The Health Center - Fox Run at Orchard Park Lifecare Retirement Community

Have you ever been excluded from participation as a provider in the Medicare Program?

Yes No If yes, provide dates of exclusion and reinstatement.

Were you ever registered on the General Services Administration's list of debarred contractors?

Yes No If yes, provide dates and details of circumstances.

Were you ever registered on the Office of Inspector General's list of excluded individuals/entities?

Yes No If yes, provide dates and details of circumstances.

Have you ever been prevented from participating in bidding for contracts, or for acting as a vendor to any state or federal agency?

Yes No If yes, provide dates and details.

Have you ever, or are you currently involved in any form of disciplinary /investigative process before any state licensing body or any accrediting body?

Yes No If yes, provide details.

Pre-Employment Physical Notice

Employment is contingent upon the completion of a successful pre-employment physical exam and a TB screening.

Signature of Applicant:

Date:

Authorization to Conduct Background Verification and General Release

In connection with my application for, an or during, employment at Fox Run at Orchard Park Lifecare Retirement Community, hereafter, "employer", I hereby authorize the employer to conduct a background investigation pursuant to the Fair Credit Reporting Act which may include, but not limited to, a Social Security Number verification and Criminal Conviction verification. I also authorize the "employer" to conduct an Office of Inspector General (OIG) search to ascertain my current status with the OIG List of Sanctioned individuals.

I am aware that I have the right under the Fair Credit Reporting Act to request from the vendor performing the background check, the nature and scope of any report they have prepared in conjunction with the verification conducted related to my application of employment. I authorize and request all courts and law enforcement agencies to release such information without restriction or qualification.

I hereby release Fox Run at Orchard Park Continuing Care Retirement Community, their respective officers, employees and agents, from any liability and responsibility arising from preparation of the above described background check, investigation or report, and any resulting outcome or consequences, as well as any liability and responsibility arising from obtaining, reviewing, discussing any information gathered in connection with a review of my application, and any resulting consequences.

Signature of Applicant:

Date: