

THE HIGHLANDS LIVING CENTER

500 Hahnemann Trail, Pittsford, New York 14534

PLEASE COMPLETE ENTIRE APPLICATION

Position Desired: _____ ☐ Full-time ☐ Days
Salary Desired: \$ _____ ☐ Part-time ☐ Eves
Date Available: _____ ☐ Per Diem ☐ Nights
☐ Temporary ☐ Weekends

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE NUMBER: _____ ALTERNATE PHONE: _____

Were you known under any other name in previous positions listed on this application? ☐ Yes ☐ No

If so, what name? _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No If not, state age _____ Do you have a valid work permit? ☐ Yes ☐ No

Have you ever been employed at The Highlands Living Center or an affiliate including: The Highlands at Brighton (Meadows at Westfall), The Highlands at Pittsford, Strong Memorial Hospital, University of Rochester, Visiting Nurse Service, Visiting Nurse Signature Care/ CCR, F.F Thompson Health System Inc., Highland Hospital, High Tech Rochester? ☐ Yes ☐ No

If yes, please state the location, position held, and the dates employed? _____

Indicate reason for employment ending: _____

Do you have relatives who work at The Highlands Living Center? ☐ Yes ☐ No If yes, please list name(s) and department(s): _____

How did you hear about this position? ☐ Ad ☐ Internet ☐ Website ☐ Other ☐ Employee

If employee, whom _____

EDUCATIONAL BACKGROUND

School	Name and Location of School	Course of Study	No. of Years Completed	Degree or Diploma
High School				
College				
Vocational School				
Other				

LICENSE

1. Do you currently have or have you applied for a professional certification or registration?

☐ Yes ☐ No

If yes, for what profession & state? _____

2. Date of certification, registration or application

Date _____ Certification/Registration _____

Application Number: _____

3. Have you incurred any loss, suspension, or surrender of a professional license? Are there any pending matters or investigations?

☐ Yes ☐ No

If yes, please explain: _____

MILITARY SERVICE

Have you ever served in the U.S. Military Service? ☐ Yes ☐ No

Dates of Service _____

Reason for leaving _____

Special Military Training _____

We are an equal opportunity employer & do not discriminate because of religion, creed, color, national origin, citizenship, age, sex, sexual orientation, disability, marital status, or any other status protected by law.

WORK HISTORY

(List all employers beginning with the most recent. Please use additional paper to list other jobs.)

1.	Position Title: _____ Dates From: _____ To: _____ Employer Name: _____ Supervisor: _____ Employer Address: _____ Employer Phone #: _____ Job Duties: _____ Pay Rate: Start _____ End: _____ Reason for Leaving: _____
2.	Position Title: _____ Dates From: _____ To: _____ Employer Name: _____ Supervisor: _____ Employer Address: _____ Employer Phone #: _____ Job Duties: _____ Pay Rate: Start _____ End: _____ Reason for Leaving: _____
3.	Position Title: _____ Dates From: _____ To: _____ Employer Name: _____ Supervisor: _____ Employer Address: _____ Employer Phone #: _____ Job Duties: _____ Pay Rate: Start _____ End: _____ Reason for Leaving: _____

ADDITIONAL PROFESSIONAL REFERENCES (Former Supervisors)

Name	Company/Address	Area Code/Phone Number	Job Title	Years Known

May we check references with your present and former employer? ☐ Yes ☐ No

If no, why not? _____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Please be aware that we will be contacting your previous and/or current employer for reference information that may be helpful in obtaining a position at our facility. In order for the staff to release any information to us, it is required that you sign the following disclaimer at the time of your application.

I authorize all persons, companies and corporations to release and provide all pertinent information regarding my employment with them to **The Highlands Living Center** and to release said individuals and/or organizations contacted, including **The Highlands Living Center** from all liability for issuing this information.

Printed Name _____ Signature _____ Date _____

Have you ever been convicted of any offense related to the delivery of service under Medicare or other Federal/ State health care programs? ☐ Yes ☐ No

Have you ever been excluded from Medicare or other Federal/ State health care programs? ☐ Yes ☐ No

Have you ever been assessed a penalty for the violation of any law in connection with Medicare or other Federal/ State health care programs? ☐ Yes ☐ No

Have you ever been entered into a settlement agreement relating to an alleged violation of any law in connection with Medicare or other Federal/ State health care programs? ☐ Yes ☐ No

Have you ever been debarred or suspended from participation in Federal contracts or programs? ☐ Yes ☐ No

Have you ever been subject to a debarment, suspension, or exclusion proceedings? ☐ Yes ☐ No

Have you ever defaulted on a Federal Student Loan? ☐ Yes ☐ No

If yes to any of the above, please explain:

CRIMINAL BACKGROUND FELONY CONVICTION CHECK

In order to be considered for employment, it is necessary for you to complete the attached forms authorizing **RBA Staffing Solutions**, to conduct a criminal background check. We require this because of the vulnerable population we care for – those who are frail, elderly and may have various forms of dementia, people who cannot defend or protect themselves. We want to insure as much as possible that our population continues to reside in a safe environment.

AUTHORIZATION WAIVER AND RELEASE

I recognize that prior to being employed; I will be required to complete a Police Reference Check. I understand that the purpose of this Police Reference Check will be to assist in determining eligibility for the position for which I am applying.

I further understand that records of prior convictions do not necessarily disqualify me from employment. The facility will take into consideration the nature of the offense, the position for which I am applying, my age at the time of the offense, the date and time of the offense, the rehabilitation since the conviction(s), and other information provided.

I hereby waive and release **The Highlands Living Center, RBA Staffing Solutions , the Police Department**, and any agency retained by it, their officers, employees and agents from: any and all claims or liability of any nature arising from such a reference check; or decisions made regarding my eligibility for employment based upon the results of such information; or with respect to any allegations that any state or federal constitutional or other rights have been violated by virtue of such reference check, disclosure of reference check, or decisions made with respect to the same, and dissemination of information resulting from a reference check.

I understand that **The Highlands Living Center** may also seek information from police departments other than the City of Rochester.

I certify that I have read and understand this statement, and/or the provisions were adequately explained to me in the event that I cannot read.

I stipulate and agree that a photographic copy of this authorization, waiver and release as signed by me shall have the same validity and function as would the original, and I specifically consent to the procurement, release and dissemination of the above information.

Printed Name _____ Signature _____ Date _____

PLEASE READ CAREFULLY, THEN SIGN:

I hereby certify that the information contained herein is correct, and I understand that any misrepresentation or omission of information, when discovered, will result in termination. I also understand that I may be required to complete a post-offer health risk- assessment questionnaire that may include a drug screen. In addition, I authorize the release of reference information by all past and present employers and educational institutions as well as references provided by me.

I understand that this application is not a contract of employment nor is it an offer of a contract of employment, express or implied between me and **The Highlands Living Center**. I further understand that if I should become employed by **The Highlands Living Center**, my employment will be at will, which means that it may be terminated by me or the organization at any time, for any reason, or no reason, with or without notice. If employed by **The Highlands Living Center**, I understand I will be subject to the hiring practices, policies, benefits, and pay practices of the organization. I agree that any false statements made by me or my failure to answer any applicable questions on this application accurately (i.e. misrepresentation of prior employment, education, or training) will be sufficient cause for non-consideration or for release from employment.

Date: _____ Applicant Signature: _____ =

FOR HUMAN RESOURCE USE ONLY

To be completed only upon acceptance of offer

Department: _____ Position Title: _____

Unit: _____ Supervisor Name: _____

FLSA Status: ☐ EXEMPT ☐ NON-EXEMPT

Hours: _____ Shift: ☐ DAY ☐ EVE ☐ NIGHT ☐ ROTATION _____

Hourly Rate: _____ Offer Date: _____ ☐ ACCEPTED ☐ DECLINED

If declined or rejected, indicate why: _____

Physical Date: _____ Tentative Start Date: _____ New Hire Orientation Date: _____

License/Certification Verification Type:

☐ Administrator ☐ RN ☐ LPN ☐ MD ☐ OT ☐ NP
☐ PT ☐ Recreation Therapy ☐ Respiratory (Technician/Therapist) ☐ CNA
☐ Security ☐ HMIS ☐ OT ☐ Drivers _____ ☐ Other _____

License/Certification #: _____ **Expiration Date:** ____/____/____

- ☐ *CHRC date sent: _____ date received: _____
- ☐ Confidential Statement
- ☐ *Criminal Background Check date sent: _____ date received: _____
- ☐ Driver's License (*if applicable*)
- ☐ *I-9: ☐ Complete/Acceptable documents ☐ Incomplete/Not acceptable documents
- ☐ Job Description
- ☐ Nurse Aide Registry Verification: ☐ Findings ☐ No Findings
- ☐ Orientation Checklist
- ☐ *Pre-employment Physical ☐ Cleared ☐ Not Cleared
- ☐ Professional References (*indicate #*) _____ ☐ Acceptable ☐ Not acceptable
- ☐ Sanction Check:
 - OIG ☐ Acceptable ☐ Not acceptable
 - OMIG ☐ Acceptable ☐ Not acceptable
 - GSA ☐ Acceptable ☐ Not acceptable
- ☐ Sex Offender Check (*if applicable*) ☐ Findings ☐ No Findings
- ☐ Work Permit (*if hiring a minor-must retain original work permit on file during minor's employment*)
- ☐ WTPA Letter

****Items maintained in separate binder***

HR Signature

Date