

Name: _____

Position Applying For: _____

Referred by: _____



121 Dunning Road · Middletown, NY 10940
845-343-0801 · Fax 845-343-0802

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Middletown Park Rehabilitation and Health Care Center employs personnel on the basis of their qualifications, assuring them equal opportunity and fair treatment. No person shall be discriminated against on the basis of an individual's race, color, national origin, religion, age, sex, gender, sexual orientation, marital status, veteran status, disability, or any other classification protected by applicable state or federal law.

If you need assistance completing this form, please contact the Human Resources Manager.

PLEASE NOTE THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT

PERSONAL REFERENCES (EXCLUDING RELATIVES)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

LIST BELOW YOUR WORK EXPERIENCE FOR THE LAST 10 YEARS. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND THEN CONTINUE LISTING IN CHRONOLOGICAL ORDER ALL EMPLOYMENT HELD FOR THE LAST TEN (10) YEARS. ASK FOR ADDITIONAL SHEETS IF NECESSARY. BE SURE TO COMPLETE ALL QUESTIONS ON EACH JOB. YOU MAY ALSO INCLUDE MILITARY EXPERIENCE.

Employer Name Address/Telephone #	Dates of Employment	Position / Title & Job Duties	Supervisor's Name	Reason For Leaving	Final Salary

Please Answer the Following Questions:

Have you ever been convicted of a crime ? YES _____ NO _____

Note: This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated, or relate to a youthful offender adjudication or violation. (A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position(s) for which you are applying may be taken into consideration.)

Please describe the nature and date of the conviction, listing the nature and date of the offense(s) and your rehabilitation since the conviction(s).

Do you authorize us to contact your present employer for reference? YES _____ NO _____

If a previous employer is no longer in business, how may we check the reference? _____

To help us to check your references, please list any other names under which you have been employed:

Please list any names you may have worked under over the past 10 years, if different from application:

Please Read and Sign:

APPLICANT'S STATEMENT:

I am not currently excluded, debarred, or otherwise ineligible to participate in Medicare, Medicaid or any other federal healthcare program, or any state healthcare program. I am not, to the best of my knowledge, under investigation or otherwise aware of any circumstances which may result in my being excluded from participation in Medicare, Medicaid or any other federal healthcare program, or any state healthcare program.

I have read and fully understand the questions asked in this application. I understand that neither this application nor any communication by management is intended to create a contract of employment for any period. If hired, I understand that my employment may be terminated at my option or at any time by the Company with or without cause of notice.

I authorize Middletown Park, its affiliates and related companies permission to verify all information provided on this application or in the interviews, including the inquiry concerning criminal conviction(s), as well as contacting any and all of my previous employments and references and authorize them to provide all information requested of them by the Company. I release the Company, my former employers and others providing information from all liability whatsoever resulting from the disclosure of such information.

I certify that I have provided truthful and complete responses to all inquiries in the application or interviews and understand that the discovery of any false, misleading information and/or the failure to provide information will result in the immediate rejection of my application or, if I am hired, will result in my immediate termination from employment. I further understand that after a conditional offer of employment, I may be asked to submit to a pre-employment drug test or physical as a condition of employment and any offer of employment is contingent upon my receipt of a negative drug test result and satisfactory references.

Signed _____

Date _____



**MIDDLETOWN PARK REHABILITATION AND HEALTH CARE CENTER
PERSONAL REFERENCE**

I, _____ have applied for employment with Middletown Park Rehabilitation and Health Care Center and have listed you as a reference. I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other person's, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Signature of Applicant

Personal Reference Name: _____

Personal Reference's Phone Number: _____

Personal Reference's Address: _____

**TO BE COMPLETED BY THE LISTED REFERENCE OR
A MIDDLETOWN PARK REHABILITATION AND HEALTH CARE CENTER EMPLOYEE:**

1. How long have you known the applicant? _____
2. Do you know of any reason why the applicant should not be involved with older adults or work in a Skilled Nursing setting? _____
3. How does this applicant relate with others?

4. Relationship to applicant:

ADDITIONAL COMMENTS: _____

Personal Reference Signature: _____ Date: _____

Signature/Title of Middletown Park Rehabilitation and Health Care Center employee verifying reference via telephone: _____

Date: _____ If by Phone, Time of call: _____



MIDDLETOWN PARK REHABILITATION AND HEALTH CARE CENTER

Pre-Employment Reference

I, _____ have applied for employment with Middletown Park Rehabilitation and Health Care Center and have listed you as a reference. I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other person's, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Signature of Applicant

Previous Employer: _____

Previous Employer Phone Number: _____

Previous Employer Address: _____

Position Held / Dates Employed: _____

From: _____ **To:** _____

**TO BE COMPLETED BY THE LISTED REFERENCE OR
A MIDDLETOWN PARK REHABILITATION AND HEALTH CARE CENTER EMPLOYEE:**

Is the above information correct? YES NO

If no, please explain why: _____

Would you re-hire the above applicant? If not, why? _____

On a scale of EXCELLENT, AVERAGE, and POOR, please rate the following:

Reliability: _____ **Attitude/Professionalism:** _____

Quantity of Work: _____ **Quality of Work:** _____

Cooperativeness: _____ **Aptitude:** _____

Additional Comments: _____

Professional Reference Signature/Title: _____ Date: _____

Signature/Title of Middletown Park Rehabilitation and Health Care Center employee verifying reference, via telephone: _____

Date: _____ If by Phone, Time of call: _____



MIDDLETOWN PARK REHABILITATION AND HEALTH CARE CENTER
AUTHORIZATION FOR RELEASE OF INFORMATION

Background Check Disclosure

As part of the employment process, Park Manor Acquisition II, LLC, hereby known as (“the company”), may obtain a consumer report and/or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize U.S. Information Search on behalf of The Company to procure a Consumer Report which I understand includes a multi-state criminal and sex offender search, SSN trace and past address history and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Applicant / Employee Name

Date

Applicant / Employee Signature

Birth Date

Social Security Number

Current Address

Previous Address