

BEECHWOOD CONTINUING CARE
EMPLOYMENT APPLICATION

GENERAL INFORMATION AND INSTRUCTIONS

Name: _____
(LAST) (M.I.) (FIRST)

Social Security Number: _____ **Today's Date:** _____

This Employment Application is utilized for Beechwood Continuing Care which is comprised of the Beechwood Residence, Beechwood Nursing Home, The Blocher Homes and Asbury Pointe.

Beechwood Continuing Care is an Equal Opportunity Employer and considers applicants for employment without regard to race, color, religion, age, sex, sexual preference, national origin, marital status, disability, veteran status or any other legal protected status.

Complete in ink only! You must complete all information on this application form. A Resume may be attached for additional information

Current Address: _____
(Street) (City) (State) (Zip)

Phone #: _____ **Cell #:** _____ **Message#:** _____

Have you previously been employed at any of our facilities? Yes () No ()

If Yes, Dates: _____
Position: _____

Facility: _____
Reason for Leaving: _____

WORK PREFERENCES AND AVAILABILITY:

Since we are health-care agencies, our business is caring for people 24 hours a day, seven (7) days a week. This means that job opportunities include day, evening and night work. You should assume that you may be requested to work on any shift or unit including weekends and holidays, regardless of the shift or unit that you may be initially assigned.

Position(s) Applied

For: _____
(You Must List The Specific Position(s) You Are Applying For)

Part Time () # of Days Per Week _____ **Full Time ()** **Either ()**

Shift(s) you are able to work: **Days** **Evenings** **Nights**
Other _____
(Please Specify)

Do you have any disability which would hinder your performance of the essential functions of the job(s) for which you are applying? Yes () No ()

If so, what reasonable accommodation may be made to enable you to perform those essential job functions? _____

Days Unable to Work? _____ **Date Available to Begin Employment:** _____

PERSONAL DATA:

Where Did You Hear About this Opening?: _____

Jobs Weekly ____ **Buffalo News** ____ **Greater Niagara Newspapers** ____ **List Other** _____

Are you 18 years of age or older? Yes () No ()

Do you have friends or relatives employed at our facilities? Yes () No ()

If Yes, state:

Person's Name: _____
Relationship: _____

Person's Name: _____
Relationship: _____

Person's Name: _____
Relationship: _____

Have you ever been convicted of a crime? Yes () No ()

**If Yes,
Offense(s):** _____

Location: _____

Date: _____

**Are you legally employable within the United States at this time?
Yes () No ()**

EDUCATION:

**List the name and location of all schools attended (High Schools, Vocational,
Business & Professional Schools, Colleges, Etc.)**

NAME & LOCATION	Course of Study	Diploma or Degree	# Of Years Completed	Graduated Yes or No
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Professional License, Registration, Certificate or Permit (where applicable):

Type: _____ **Number:** _____
(Do not include Driver's License)

Expiration Date: _____

(OFFICE USE/Verified By: _____)

**WORK HISTORY: Account For Your Complete Employment History
Beginning With Most Recent First (including Military Service & Periods of
Unemployment)**

We may contact these employers unless you indicate that you do not want us to contact them. If you do not want us to contact any of these employers, you **MUST** put a check next to "DO NOT CONTACT".

1) Employer: _____ **Telephone #:** _____

Address: _____

(Street) (City) (State) (Zip)

Position: _____ **Employed - From** _____ **To** _____

Month/Year Month/Year

Supervisor's Name (First & Last) **and Title:** _____

Latest or Ending Salary: _____

Reason For Leaving: _____ () **Do Not Contact**

2) Employer: _____ **Telephone #:** _____

Address: _____

(Street) (City) (State) (Zip)

Position: _____ **Employed - From** _____ **To** _____

Month/Year Month/Year

Supervisor's Name (First & Last) **and Title:** _____

Latest or Ending Salary: _____

Reason For Leaving: _____ () **Do Not Contact**

3) Employer: _____ **Telephone #:** _____

Address: _____

(Street) (City) (State) (Zip)

Position: _____ **Employed - From** _____ **To** _____

Month/Year Month/Year

Supervisor's Name (First & Last) **and Title:** _____

Latest or Ending Salary: _____

Reason For Leaving: _____ () **Do Not Contact**

4) Employer: _____ **Telephone #:** _____

Address: _____

(Street) (City) (State) (Zip)

Position: _____ **Employed - From** _____ **To** _____

Month/Year Month/Year

Supervisor's Name (First & Last) **and Title:** _____

Latest or Ending Salary: _____

Reason For Leaving: _____ () **Do Not Contact**

5) Employer: _____ **Telephone #:** _____

Address: _____

(Street) (City) (State) (Zip)

Position: _____ **Employed - From** _____ **To** _____

Month/Year Month/Year

Supervisor's Name (First & Last) **and Title:** _____

Latest or Ending Salary: _____

Reason For Leaving: _____ () **Do Not Contact**

6) Employer: _____ **Telephone #:** _____

Address: _____

(Street) (City) (State) (Zip)

Position: _____ **Employed - From** _____ **To** _____

Month/Year Month/Year

Supervisor's Name (First & Last) **and Title:** _____

Latest or Ending Salary: _____

Reason For Leaving: _____ () **Do Not Contact**

7) Employer: _____ **Telephone #:** _____

Address: _____

(Street) (City) (State) (Zip)

Position: _____ **Employed - From** _____ **To** _____

Month/Year Month/Year

Supervisor's Name (First & Last) **and Title:** _____

Latest or Ending Salary: _____

Reason For Leaving: _____ () **Do Not Contact**

8) Employer: _____ **Telephone #:** _____

Address: _____

(Street) (City) (State) (Zip)

Position: _____ **Employed - From** _____ **To** _____
Month/Year Month/Year

Supervisor's Name (First & Last) **and Title:** _____

Latest or Ending Salary: _____

Reason For Leaving: _____ () **Do Not Contact**

TECHNICAL SKILLS:

List experiences, responsibilities, skills, volunteer work, etc. that pertain to the position you are seeking.

PERSONAL REFERENCES:

Please list two (2) references (not relatives).

1. Name _____ **Relationship** _____

Address _____
Street City State Zip

Phone Number _____ **How long have you known this person?** _____

2. Name _____ **Relationship** _____

Address _____
Street City State Zip

Phone Number _____ **How long have you known this person?** _____

Person To Be Notified In Case of Emergency:

Name: _____ **Relationship:** _____

Address: _____

Home Phone #: _____ **Business Phone #:** _____

DECLARATION

I declare that all statements contained in this application are true and correct, to the best of my knowledge, and authorize the Beechwood/Blocher Community to make any inquiry to determine my suitability for employment, with the understanding that any misrepresentations or omission made herein will be just and due cause for my discharge from employment regardless of when such misrepresentation may be discovered.

I agree to submit to a criminal background check, employment physical and/or test for the presence of alcohol or controlled substances as required by the Beechwood/Blocher Community and by applicable regulations. Furthermore I understand and confirm that neither this application nor my being accepted for employment at the Beechwood/Blocher Community will be interpreted by me to create a contract of employment for any particular length of time. I understand that I may terminate my employment "at will" at any time for any reason and that the Beechwood Continuing Care reserves the same right.

SIGNATURE: _____ **DATE:** _____

APPLICANT CONSENT FORM

Satisfactory completion of a physical examination, including an alcohol and drug test, is a condition of employment. Applicants to whom a conditional offer of employment has been made will be required to submit to a physical examination and, for the purpose of alcohol and drug testing, will be required to disclose all medications prescribed and provide a urine sample, the collection of which may be observed by a person of the same gender.

Refusal to submit to a physical examination, including an alcohol and drug test, failure to appear for the physical examination and urinalysis, and failure to cooperate in the physical examination or urinalysis will preclude employment with Beechwood Continuing Care. If there is evidence of current use of illegal drugs or abuse of alcohol, prescription drugs or a controlled substance by an applicant to whom a conditional offer of employment has been made, such person will not be employed at Beechwood Continuing Care.

The undersigned consents to submitting to a physical examination, including urinalysis for the purpose of alcohol and drug testing.

PRINT NAME:

SIGNATURE:

DATE:

FOR BEECHWOOD USE ONLY

UPON HIRE

Check One:

BEECHWOOD RESIDENCE ____ **NURSING HOME** ____ **BLOCHER** ____
ASBURY POINTE ____

Start Date: _____ Wage Rate: _____ Position: _____

Shift _____ Scheduled Hours per Week: ____ Full Time _____ Part Time _____

Unit Name: _____

Department Director Signature

Date