

PERSONAL DATA:

Where Did You Hear About This Opening?: _____

Do You Have Friends or Relatives Employed at our Facility?: Yes No - If Yes, state:

Person's Name: _____ **Relationship:** _____

Person's Name: _____ **Relationship:** _____

EDUCATION					
School	Name & Location	Course of Study	# Yrs Completed	Did You Graduate?	Degree or Diploma
Graduate					
College					
Business/ Trade/ Technical					
High School					

PROFESSIONAL LICENSE, REGISTRATION, CERTIFICATE OR PERMIT (WHERE APPLICABLE)		
Type:	Number:	Issued By:
Expiration Date:	OFFICE USE/Verified By/Date:	

TECHNICAL SKILLS: List experience, responsibilities, skills, volunteer work, etc. that pertain to the position you are applying for.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name	Relationship
Address (include full street address,city, state, zip)	Telephone ()

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

Name	Relationship
Address (include full street address,city, state, zip)	Telephone ()
Name	Relationship
Address (include full street address,city, state, zip)	Telephone ()

DECLARATION: I declare that all statements contained in this application are true and correct, to the best of my knowledge, and I authorize Brothers of Mercy to make any inquiry to determine my suitability for employment, with the understanding that any misrepresentations or omissions 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 any medical procedures as required by Brothers of Mercy and any applicable regulations. Furthermore I understand and confirm that neither this application nor my being accepted for employment at Brothers of Mercy will be interpreted by me to be a contract of employment for any particular length of time. I understand that I may terminate my employment at any time for any reason and that Brothers of Mercy reserves the same right.

Signature: _____ Date: _____

Hired to Start: _____ Position: _____

Shift _____ Wage Rate _____ Floor _____

- Full-Time Part-Time Temporary Registry/Stand-by
 Modified Full-Time Limited Part-Time

Department Head/Supervisor Signature Date

DISCLOSURE, RELEASE and AUTHORIZATION

In connection with my application for employment (including contract for services) with you. I understand that consumer reports, investigative consumer credit reports, and background verifications may be requested from a consumer-reporting agency ("CRA").

These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, and other information about my background, references, character, past employment, maintained by both public and private organizations. I further understand that such reports may contain public record information concerning my driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc, from federal,

state and other agencies which maintain such records: as well as information from CRA concerning previous driving record made by others from such state agencies, and investigative consumer report (as defined under new York State law) was requested, and if such a report was requested, the name and address of the CRA to whom the request was made.

If I refuse to authorize the procurement or preparation of an investigative consumer report, you may decline to grant employment on the ground that I refused to execute such authorization.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE COMPANY OR THE CRA TO FURNISH THE ABOVE MENTIONED INFORMATION WHICH MAY BE OBTAINED FROM A CONSUMER CREDIT REPORT, INVESTIGATIVE CONSUMER CREDIT REPORT AND BACKGROUND INVESTIGATION.

I have the right to make a request to the CRA, upon proper identification, to request the nature and substance of all information in it's files on me at the time of my request, including the sources of information, and the recipients of any reports on me preceding my request. I hereby consent to our obtaining the above information from the CRA, and I agree that such information, which the CRA has or obtains, and my employment history with you if I am hired, will be supplied by the CRA to other companies, which subscribe to the CRA's services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract period).

Print Name

Social Security Number

Applicant's Signature

Date

Disqualifying Offenses

Please be advised that if the CHRC reveals a conviction for any of the following offenses, in accordance with Article 23-A of the Correction Law, you will not be permitted to work until an original disposition (with the raised seal) has been provided, reviewed, and the Department of Health reaches a conclusion:

1. Any Class A felony defined in the Penal Law (no time limitation);
2. Any Class B or C felony defined in the Penal Law occurring within 10 years preceding the date of the CHRC report;
3. Any Class D or E felony listed in Articles 120 (“Assault”), 130 (“Sexual Offenses”), 155 (“Larceny”); 160 (“Robbery”), 178 (“Diversion of Prescription Medications”) or 220 (“Bribery”) of the Penal Law occurring within the 10 years preceding the date of the CHRC report;
4. Any crime defined in Sections 260.32 or 260.34 of the Penal Law (i.e., endangering the welfare of a vulnerable elderly person) occurring within the 10 years preceding the date of the CHRC report; and
5. Any comparable offense in any other jurisdiction.

Offenses listed on the CHRC other than disqualifying offenses will also be reviewed by the Department of Health. Moreover, it is the responsibility of the applicant to disclose any criminal offenses during the hiring process and to furnish Brothers of Mercy with an original disposition (with the raised seal).

Brothers of Mercy Nursing & Rehabilitation Center

**Criminal History Record Check (CHRC)
Notification and Authorization Form**

The Nursing Home is required by law to obtain a criminal history record check from the FBI on all applicants who are hired to provide direct care and supervision to its patients and residents, except those persons licensed under Title 8 of the Education Law or Article 28-D of the Public Health Law. Until this process is completed, your **employment** with Brothers of Mercy Nursing & Rehabilitation Center **is considered temporary**. Additionally, you are being requested to provide a sworn statement below, verifying that you have no final findings of patient or resident abuse or convictions of a crime or violations, other than a traffic infraction.

1. We will obtain your fingerprints and other essential information to process the Criminal History Record Check with the FBI.
2. You will have an opportunity to obtain, review and explain the information we receive from the DOH on the results of your CHRC.
3. You will be notified when your temporary status has been removed.
4. You may withdraw your application for employment at anytime.
5. If the facility chooses not to hire you based on the information contained in your application, you will be notified of our decision.
6. By signing on the line below you are **authorizing** Brothers of Mercy Nursing & Rehabilitation Center to conduct the search and exchange of records from the FBI's Criminal Justice Information Services Division.

Signature/Authorization for Criminal History Record Check (CHRC)

Date

Sworn statement regarding findings of abuse and/or crime convictions/violations

I (print your name) _____ swear that I

(Please circle your answer): **Have** or **Do not have**

any final findings of patient or resident abuse or convictions for any crime or violations other than a traffic infraction. **If you circle that you "Have", please provide a description of the final finding or convictions and the dates below.**

Description of Abuse Findings and/or Convictions/Violations and Dates:

Signature

Date

BROTHERS OF MERCY NURSING AND REHABILITATION CENTER
 10570 Bergtold Road, Clarence, New York 14031
 Phone: (716)759-6985 Confidential Fax: (716)759-2335

Dear Former/Current Employer:

I, _____, am an employee or potential employee of Brothers Of Mercy Nursing and Rehabilitation Center. I hereby authorize you to release the information requested below.

Signature _____ Date _____

EmployeeSS# _____

Maiden Name: _____ Other Names: _____

Dear previous employer please complete the information below. Your prompt attention is appreciated.

Previous Employer _____
 Employment Dates: _____ to _____ Job Title _____
 Major Duties _____

PERFORMANCE FACTORS

	OUTSTANDING	SUPERIOR	AVERAGE	FAIR	UNSATISFACTORY
Application of Knowledge					
Quality of Work					
Dependability					
Supervisory Ability					
Attendance					
Ability to work w/ others					

Reason for leaving _____
 Would you rehire? Yes _____ No _____

Are you aware of any information that might suggest that this individual is not suitable for employment where he or she would come into direct contact with the frail elderly?
 Yes ___ No ___ Comment _____

Completed by _____ Title _____
 Phone # _____ Date _____

Please fax to (716) 759-2335

Thank you for your assistance!

**BROTHERS OF MERCY NURSING & REHABILITATION CENTER
NOTICE TO ALL APPLICANTS**

APPLICATION FOR EMPLOYMENT:

Thank you for your interest in employment with Brothers of Mercy Nursing and Rehabilitation Center. In order to give your application thorough consideration, you are required to complete this employment application in detail (addresses, dates, reason for leaving, etc.) If you do not have all the information necessary to complete this application you may leave and take it with you and return it when it is fully completed. If you need assistance in completing the application please contact the Human Resource Office at 759-6985 ext. 241 or 226. Arrangements will be made to assist you in completing the application form.

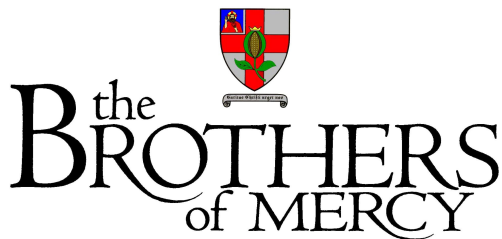
Applications that are completed, signed and dated will be kept active for a period of three (3) months from the date of application. If an opening for which you submitted an application occurs, your application will be given consideration.

REFERENCES:

Applicants are responsible for obtaining two (2) professional letters of reference. If you anticipate that it may take some time for you to obtain these references you may wish to begin contacting your references at this time. Acceptable reference sources would be: previous employers, teachers, volunteer organizations, etc. Please provide professional references only. Personal references are not acceptable. You may choose to use the forms attached or you may wish to have a letter of reference written for you. The letter must contain the following information: 1) Name and phone number of the individual writing the letter of reference, 2) the relationship of the person writing the letter of reference to the applicant, 3) how long the person has known the applicant and 4) comments the individual would like to make regarding the applicant's suitability for employment with Brothers of Mercy. The completed reference forms or letters of reference must be forwarded to the following address:

Brothers of Mercy Nursing & Rehabilitation Center
10570 Bergtold Road
Clarence, New York 14031
Attention: Human Resource Department

**NOTE: AN APPLICANT WILL NOT BE CONSIDERED FOR EMPLOYMENT WITH
BROTHERS OF MERCY UNTIL THE TWO (2) PROFESSIONAL REFERENCES ARE ON
FILE IN THE HUMAN RESOURCE DEPARTMENT.**



REFERENCE FORM

I, _____ authorize the release of information concerning my qualifications for employment, to Brothers of Mercy Nursing & Rehabilitation Center.

Signature: _____ Date: _____

Position Applied: _____

The individual listed above has applied for a position with Brothers of Mercy Nursing & Rehabilitation Center. Please take a few moments to complete the form below to help us evaluate the applicant for employment with Brothers of Mercy. PLEASE PRINT.

Name: _____ Title: _____

Phone #: _____ Best Time To Contact: _____

1. How do you know the applicant? Please check: Previous/Current Employer

Applicant's position: _____ Dates employed: From _____ To _____

School Volunteer Organization Other: _____
Please Explain

2. How long have you know the applicant? _____

3. Do you feel that the applicant has the qualities required to work with the elderly in a health care setting? Yes No

Please explain your answer: _____

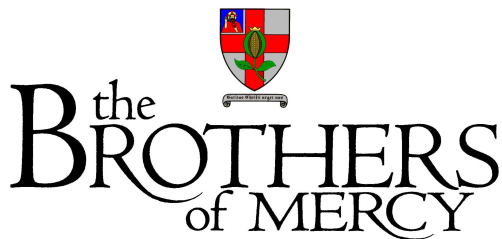
4. Additional Comments: _____

Signature of Person Completing Form

Date

Experience and Results You Can Trust!

10570 Bergtold Road * Clarence, New York 14031-2198 * (716) 759-6985 * Fax (716) 759-6223
www.brotherofmercy.org



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