



160 West Jefferson Road  
Pittsford, NY 14534

Business Unit \_\_\_\_\_ Location \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

Federal and state laws prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability or handicap.

**Instructions to Applicant:** Please read carefully. Every item on this form must be answered to the best of your ability. Please answer all questions and answer N/A for those items that are not applicable. Use *pen* or *typewriter* – **PLEASE PRINT**. Your qualifications will be reviewed and you will be given thorough consideration for any applicable vacancies. If you are employed by Heather Heights of Pittsford, Inc., this form will become a part of your personnel file. Applicants are not required to give any information on this form that is prohibited by Federal, State or Local Law.

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
(Number) Street  
City State Zip Code

Telephone ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(Area Code)

Position(s) applied for \_\_\_\_\_

If under 18 years of age, do you have a work permit? Yes  No

Are you a citizen of the United States? Yes  No

If not, do you have the legal right to remain permanently and work in the United States? Yes  No   
(Proof of citizenship or immigration status will be required upon employment.)

Provide Alien Registration Number if not a citizen of the United States. \_\_\_\_\_

Referral source:  Advertisement  Friend  Relative  Recruiting Website  
 Walk-In  Employment Agency  Facility/Property Website

Have you ever been convicted of a crime? Yes  No

If yes, please explain \_\_\_\_\_

Do you have a valid driver's license? Yes  No  Do you have an out of state license? Yes  No

\_\_\_\_\_(Explanation)

Name: \_\_\_\_\_

Have you received any moving violations in the past 8 years? Yes  No

If yes, give details. \_\_\_\_\_

Have you ever had any suspension, revocation, DWI, DWUI, convictions, or any occurrence involving harm to anyone or property while driving? Yes  No

If yes, please explain \_\_\_\_\_

Method of transportation to work \_\_\_\_\_

What foreign languages do you speak, read and/or write fluently? \_\_\_\_\_

Indicate your availability: Day Shift Evening Shift Night Shift Full Time Part Time

Are you on a layoff and subject to recall? Yes  No

Can you travel if the job requires? Yes  No

Are you involved in any activity which would interfere with regular work scheduling? Yes  No

If yes, please explain \_\_\_\_\_

Date you can start: \_\_\_\_\_  
Month Day Year

Have you ever applied to this company before? Yes  No

If yes, when? \_\_\_\_\_

Have you ever worked for this company before? Yes  No

If yes, when? \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Facility name \_\_\_\_\_ Location \_\_\_\_\_

Do you have any friends or relatives employed by this company? Yes  No

If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_

Facility \_\_\_\_\_ Position \_\_\_\_\_

Have you ever worked for this organization under a different name? Yes  No

If yes, what name? \_\_\_\_\_

Is any additional information related to a change of name, use of an assumed name, or nickname necessary to enable verification of your work record? Yes  No

Name: \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you have any physical impediments that would impair your ability to perform the job applied for? Yes  No

If yes, please describe \_\_\_\_\_

**Record of Employment** – Please list each job starting with your present or last job.

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Telephone: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Salary Paid Starting \_\_\_\_\_ Final \_\_\_\_\_

Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Telephone: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Salary Paid Starting \_\_\_\_\_ Final \_\_\_\_\_

Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Telephone: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Salary Paid Starting \_\_\_\_\_ Final \_\_\_\_\_

Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you currently employed? Yes  No

If yes, may we contact your present employer? Yes  No

Name: \_\_\_\_\_

Have you ever been discharged or asked to resign by any former employer? Yes  No

If yes, explanation \_\_\_\_\_

\_\_\_\_\_

**Military Record**

Were you in the U.S. Armed Forces? Yes  No

Rank at discharge \_\_\_\_\_ Type of discharge \_\_\_\_\_  
(Please attach a copy of your DD Form 214)

List duties in the service including special training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Record of Education**

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate	Diploma or Degree
Elementary	_____		5 6 7 8		
High	_____		9 10 11 12		
College	_____		1 2 3 4		
Other	_____		1 2 3 4		

**Professional Licenses / Certifications (if any)**

Type \_\_\_\_\_ State(s) Valid \_\_\_\_\_

Number \_\_\_\_\_ Valid Since \_\_\_\_\_

List Professional, Trade or Business Organizations to which you belong.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, please notify: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please complete the three (3) attached Co-worker Reference Check forms and place inside application when completed.

Name: \_\_\_\_\_

**Applicant's Statement**

I understand that any employment by this facility will be on a 180-day probationary basis. If employed by Heather Heights of Pittsford, Inc., I agree to abide by all rules indicated in the company handbook, facility/property policies and procedures as well as applicable state regulations governing this facility/property. I further understand that this employment application is not and is not intended to be an employment contract. I certify that the above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal regardless of when this is discovered. I hereby authorize this facility to contact any and/or all of the references and former employers listed in this application for full information as may be necessary to an employment decision. I agree to take a physical examination at any time, at the request of this facility, and agree that the examining physician may disclose the findings to this facility or an authorized agent of this facility.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

FOR INTERVIEWER'S USE ONLY	
Arrange Interview: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Remarks: _____	
_____	
_____	
_____	
Interviewer's Signature: _____	Date: _____