



# Employment Application

Thank you for your interest in working with Aaron Manor Rehabilitation & Continuing Care Center. Before you complete this employment application there are a few things we would like you to know:

- ❖ This application was designed to gather specific information about individuals interested in working with Aaron Manor. Please answer all the questions honestly and with the appropriate information. However, please do not provide any information that is not requested on this form. Applicants providing information that is not requested will be automatically rejected and the application destroyed immediately.
- ❖ Applicants wishing to apply for more than one position must complete a separate application form for each application.
- ❖ An individual will be considered an applicant only after submitting a completed application for an open and available position.
- ❖ Applications will be kept on file for a period of six (6) months and may be reviewed when a position becomes available-previous applicants for the same or similar positions may be contacted in order to determine their availability and interest.
- ❖ Aaron Manor is an equal opportunity employer and will not discriminate, or tolerate discrimination or retaliation against any employee or applicant based on race, religion, creed, color, sex, national origin, military status, sexual orientation, marital status, disability, predisposing genetic characteristics, status as a victim of domestic violence, gender orientation or any other category protected by local, state or federal law.

Again, thank you for your interest in joining the Aaron Manor team!

Joseph B.Dilal, III  
Administrator

Let's get Started!

APPLICANT NAME					
Last Name	First	M.I.	Date		

POSITION YOU ARE APPLYING TO (MARK ALL THAT APPLY)					
<input type="checkbox"/>	RECEPTION or CLERICAL	<input type="checkbox"/>	DIETARY AIDE	<input type="checkbox"/>	COOK
<input type="checkbox"/>	REGISTERED NURSE (RN)	<input type="checkbox"/>	MDS, RN	<input type="checkbox"/>	DIETARY SUPERVISOR
<input type="checkbox"/>	LICENSED PRACTICAL NURSE (LPN)	<input type="checkbox"/>	ACTIVITIES DEPARTMENT	<input type="checkbox"/>	MEDICAL RECORDS DEPARTMENT
<input type="checkbox"/>	CERTIFIED NURSING ASST.(C.N.A.)	<input type="checkbox"/>	CENTRAL SUPPLY DEPARTMENT	<input type="checkbox"/>	SOCIAL WORK DEPARTMENT
<input type="checkbox"/>	NURSE SUPERVISOR / MANAGER	<input type="checkbox"/>	FINANCE DEPARTMENT / BILLING	<input type="checkbox"/>	ADMISSIONS DEPARTMENT
				<input type="checkbox"/>	MAINTENANCE DEPARTMENT
				<input type="checkbox"/>	OTHER _____

HOURS / SHIFTS YOU ARE AVAILABLE FOR WORK (MARK ALL THAT APPLY)					
<input type="checkbox"/>	DAYS 7:00a-3:30p	<input type="checkbox"/>	EVENINGS 3:00p-11:30p	<input type="checkbox"/>	NIGHTS 11:00p-7:30a
<input type="checkbox"/>	BUSINESS HOURS (EX: 8:00a-4:30 or 8:30a-5:00)				

DAYS OF THE WEEK YOU ARE AVAILABLE FOR WORK (MARK ALL THAT APPLY)														
<input type="checkbox"/>	SUN	<input type="checkbox"/>	MON	<input type="checkbox"/>	TUE	<input type="checkbox"/>	WED	<input type="checkbox"/>	THU	<input type="checkbox"/>	FRI	<input type="checkbox"/>	SAT	Are there special circumstances that prevent you from working a specific day? <b>Y</b> or <b>N</b>

**APPLICANT INFORMATION**

Last Name	First	M.I.	Maiden Name
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**HOURS YOU ARE APPLYING FOR ( MARK ALL THAT APPLY)**

<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> PER DIEM
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**APPLICANT INFORMATION**

Mailing Address			APT / Unit	
City	State		Zip	
Physical Address			APT / Unit	
City	State		ZIP	
Home Phone	Cell Phone			
Email Address	Social Security No.		-	-
Have you ever worked for <b>AARON MANOR</b> before?		<input type="checkbox"/> NO <input type="checkbox"/> YES - Give Dates & Position		
Do you now or have you ever worked for <b>WESTGATE NURSING HOME?</b>		<input type="checkbox"/> NO <input type="checkbox"/> YES - Give Dates & Position		
Do you have <b>FAMILY MEMBERS</b> working for Aaron Manor?		<input type="checkbox"/> NO <input type="checkbox"/> YES - List Name & Relationship		
Do you know anyone who works for Aaron Manor <input type="checkbox"/> NO		<input type="checkbox"/> YES - List Name & Relationship		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of anything other than a misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Answering yes does not automatically make you ineligible for employment with Aaron Manor. Please explain in the space provided:	
If yes, explain:				

**EDUCATION**

High School	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**REFERENCES**

*Please list three professional references. - No Family or Friends*

Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone

APPLICANT INFORMATION				
Last Name	First		M.I.	

CURRENT & PREVIOUS EMPLOYMENT <i>(LIST MOST RECENT OR CURRENT FIRST)</i>	
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Company	Phone
Job Title	Responsibilities
From                      To	Reason for Leaving
Supervisor	May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone
Job Title	Responsibilities
From                      To	Reason for Leaving
Supervisor	May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone
Job Title	Responsibilities
From                      To	Reason for Leaving
Supervisor	May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone
Job Title	Responsibilities
From                      To	Reason for Leaving
Supervisor	May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>

LICENCE(S) & CERTIFICATION NO.S			
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<i>List all License and certification numbers</i>			
<b>C.N.A. Certification No.</b>		<b>LPN License No.</b>	
<b>RN License No.</b>		<b>Other License No.</b>	

MILITARY SERVICE			
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Branch	From	To
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HOW DID YOU HEAR ABOUT AARON MANOR			
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<input type="checkbox"/> <b>WWW.GLASSDOOR.COM</b>	<input type="checkbox"/> <b>NYS DEPT OF LABOR</b>	<input type="checkbox"/> <b>CRAIGSLIST</b>
<input type="checkbox"/> <b>JOB FAIR</b>	<input type="checkbox"/> <b>LOOKED UP ON LINE</b>	<input type="checkbox"/> <b>AARON MANOR WEBSITE</b>
<input type="checkbox"/> <b>EMPLOYEE REFERRED</b>	<input type="checkbox"/> <b>SCHOOL POSTING</b>	<input type="checkbox"/> <b>OTHER: _____</b>

ANYTHING ELSE YOU WANT US TO KNOW?
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**APPLICANT INFORMATION**

Last Name

First

M.I.

**DISCLAIMER CERTIFICATION**

**DISCLOSURE OF A CRIMINAL CONVICTION – I understand that a conviction will not necessarily result in disqualification for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.**

**I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause as long as the employer does not discriminate based on a protected category.**

**I understand that no manager or representative of the company, other than the Administrator, or an authorized designee, has any authority to enter into any agreement contrary to the foregoing either now, in the past or in the future. I further understand that such an agreement must be in writing and signed by the Administrator for it to be binding on either myself or the company. I further understand that this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.**

**By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I authorize Aaron Manor, or party acting on behalf of Aaron Manor, to verify their accuracy and to obtain reference information on my work performance. I hereby release Aaron Manor, and all parties authorized to work on their behalf, from any/all liability of whatever kind and nature which, at any time, could result from obtaining, and having an employment decision based on, such information. I understand that any misrepresentation or omission on this application may preclude me from receiving an offer of employment, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.**

**Applicant's Signature \_\_\_\_\_ Application Date \_\_\_\_\_**

**APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION**

**Aaron Manor Rehabilitation and Health Continuing Center  
100 Saint Camillus Way  
Fairport, New York 14450  
PH: (585) 377-4000**

In connection with my application for employment with Aaron Manor, I authorize all persons, corporations, companies, educational institutions, law enforcement agencies, present and past employers, former employers and military services to disclose and release records they may have about me to Aaron Manor, whether the information is public, private or confidential in nature: And I release them from any liability from doing so.

It is understood that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or part, upon this release authorization may be considered in determining my suitability for employment by Aaron Manor.

This authorization in original or copy form, will be valid for this and any future information, reports or updates that may be deemed necessary by Aaron Manor.

Applicants Printed Name \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_