



560 Fairmount Ave. W.E., Jamestown, NY 14701

Date of Application: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other status legally protected by federal, state, or local law.

Please read carefully and complete in permanent ink or by typing. Please complete all questions, as incomplete applications will not be accepted. Tanglewood Manor, Inc. will keep an application on file for a period of 1 Year. You are welcome to reapply at that time.

Application for Employment

Application for Employment			
Consider My Application for:			
Memory Garden <input type="checkbox"/>	Comfort Today <input type="checkbox"/>	Tanglewood <input type="checkbox"/>	
Name: (Last)	(First)	(M.I.)	
Address: (Street or P.O. Box)			
City:	State:	Zip:	
Phone: Home()	Cell ()	Work ()	
Preferred method of contact:			
Position Sought: <input type="checkbox"/> Environmental Services/Housekeeping <input type="checkbox"/> Food Services/Dietary <input type="checkbox"/> Nursing/LPN, RN, Aide <input type="checkbox"/> Maintenance <input type="checkbox"/> Clerical/Administrative <input type="checkbox"/> Other(Specify): _____			
Type of Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per-diem <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Internship			
How were you referred to us? <input type="checkbox"/> Website <input type="checkbox"/> Radio/Television <input type="checkbox"/> Newspaper <input type="checkbox"/> Online Jobsite <input type="checkbox"/> Other <input type="checkbox"/> Walk-In <input type="checkbox"/> Employee Referral(Name): _____			
Were you previously employed by Tanglewood Manor, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, From: _____ To: _____ Location: _____			
If you are a minor, can you produce the work certificate necessary to obtain employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able, at the time of employment, to provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: This question does not apply to convictions that have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment. A conviction that is substantially related to the functions or qualifications of the position(s) for which you are applying may be taken into consideration.)</i>			
If Yes, please describe fully the criminal conviction(s), listing nature of offense(s): 			
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Whats shifts are you available? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Will you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you work weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you relocate if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No , please explain why:	

Employment Record

Starting with present or most recent, list all previous employers. Include seasonal and temporary jobs. You may submit a resume but the application still needs to be completed. If you need more space, attach a separate piece of paper.

Last or Present Employer:		Title or Job Classification:
Type of Business:	Phone No. ()	Brief Description of Job Duties:
City:	State:	Zip:
Supervisor's Name:		
Supervisor's Phone:		
Salary:		
Reason for Leaving:		May we contact for employment reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?(explain)

Last or Present Employer:		Title or Job Classification:
Type of Business:	Phone No. ()	Brief Description of Job Duties:
City:	State:	Zip:
Supervisor's Name:		
Supervisor's Phone:		
Salary:		
Reason for Leaving:		May we contact for employment reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?(explain)

Last or Present Employer:		Title or Job Classification:
Type of Business:	Phone No. ()	Brief Description of Job Duties:
City:	State:	Zip:
Supervisor's Name:		
Supervisor's Phone:		
Salary:		
Reason for Leaving:		May we contact for employment reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?(explain)

Last or Present Employer:		Title or Job Classification:
Type of Business:	Phone No. ()	Brief Description of Job Duties:
City:	State:	Zip:
Supervisor's Name:		
Supervisor's Phone:		
Salary:		
Reason for Leaving:		May we contact for employment reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?(explain)

Education

School Attended & Physical Address	No. of Years Completed	Degree or Certificate Earned	Major/Minor	G.P.A.
1.				
2.				
3.				
4.				

Special Skills

To be completed by applicant if relevant to position being sought.

Professional License:

Type: _____
State: _____
Expiration: _____
Status Active Inactive

Certified Nursing Assistant:

Have you completed NY approved nursing assistant training?
Certification Number: _____

Clerical:

Typing Yes No Words per minute: _____

Computer Skills Hardware Software

Please elaborate: _____

Maintenance:

HVAC Yes No

Plumbing Yes No

Electrical Yes No

Other mechanical skills: _____

Driver/Transportation, Security, Maintenance, or possible future use of company vehicles:

Driver's License Number _____

Expiration Date _____

State _____

Accomplishments

List special accomplishments, publications and awards.

(Exclude memberships which would reveal race, color, age, religion, creed, gender, national origin, disability, marital or veteran status or any other status legally protected by federal, state, or local law).

1. _____
2. _____
3. _____
4. _____
5. _____

Affiliations

List professional, trade, business, and civic association affiliations and offices held.

(Exclude memberships which would reveal race, color, age, religion, creed, gender, national origin, disability, marital or veteran status or any other status legally protected by federal, state, or local law).

1. _____
2. _____
3. _____
4. _____
5. _____

References

Give Name, Address, and Telephone Numbers of at least three references who are qualified to evaluate your capabilities and who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Applicant's Certification

I hereby authorize Tanglewood Manor, Inc. or its agents to verify all statements contained in this application and/or resume to the extent permitted by federal, state or local law. To the extent permitted by federal, state or local law, I release all parties from any liability arising out of this provision and the use of such information.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references with former employers I have listed, unless otherwise indicated, as well as the personal references listed.

Signed: _____ Dated: _____

