

**Applicant's References**

(Please list three references who are not relatives.)

Name of Reference	Phone No.	Address	Relationship

**Are you related to or do you know anyone who is or was employed by Elcor? If so, please list names and relationships.**

Name	Relationship

**Please state any other names, such as maiden names and former married names, by which you have been known:**

Previous Name	Previous Name

**Applicant Authorization:**

I voluntarily give Elcor Health Services, Inc., the right to make a thorough investigation of my past employment, military duty, references and convictions. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, schools, organizations, agencies or corporations supplying such information. This information may include verification of employment dates, salary, as well as performance evaluations, reason for termination, eligibility for rehire, attendance record and conviction record.

This authorization includes any organizations and/or persons with which I have an affiliation as named above.

I also do hereby state that I have never been discharged by an employer for patient/child negligence or abuse. Further, I have never been found guilty of patient/child negligence or abuse in any situation.

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment and copies of this application as may be necessary in arriving at an employment decision.

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

*The Heart of Rehabilitation  
& Health Care*



**Elcor Health Services, Inc.**

48 Colonial Drive  
Horseheads, NY 14845  
www.elcorhealthservices.com

**Application for Employment**

Thank you for applying at Elcor. Your application will be considered for employment for the positions designated below. Qualified applicants are considered for all positions without regard to race, creed, color, national origin, age, sex, sexual preference, marital status, sponsorship, mental status, disability or any other legally protected status. Elcor Health Services will provide reasonable accommodations for any disabling condition so that qualified disabled persons can work. A qualified disabled person is one who with reasonable accommodations can perform the functions of the job.

**Position(s) applied for:**

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ Date \_\_\_\_\_

**How did you learn about us?**

Newspaper Ad     Friend     Walk In  
 TV/Radio Ad     Relative     Other \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_

1. Desired Salary: \_\_\_\_\_ per hour    \_\_\_\_\_ per week

2. If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

3. Have you ever filed an application with us before?  Yes  No    If yes, give date \_\_\_\_\_

4. Have you ever been employed with us before?  Yes  No    If yes, give date \_\_\_\_\_

5. Are you currently employed?  Yes  No

If yes, name of present employer: \_\_\_\_\_

6. May we contact your present employer?  Yes  No

7. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No

(Proof of citizenship or immigration status will be required if offered employment.)

8. Do you have transportation?  Yes  No

9. Have you ever been convicted of a violation of the law?  Yes  No

(A conviction may be relevant if job-related, but does not necessarily disqualify anyone from employment.)

10. If yes, please list and describe all convictions: \_\_\_\_\_

11. When are you available to work?  Full Time     Part Time     Temporary     On Call

1st Shift     2nd Shift     3rd Shift     Anytime

12. On what date would you be available to work? \_\_\_\_\_

## Education

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	Middle School	High School	College/University
School Name and Location:			
Number of Grades Completed:	5 6 7 8	9 10 11 12	1 2 3 4
Diploma/Degree:			
Describe course of study:			

Describe any specialized training, course work, additional degrees, apprenticeships, skills and extra-curricular activities which may assist you in the position for which you have applied:

## Professional Licenses and/or Certifications

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Type	State Issued	Date	Number

Nurse Applicants: Date of original licensure in New York:

## Employment Record

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Start with the most current employer and include U.S. Military Service. (Attach additional sheet if needed.)

Employer:		Date employed: From:	- -	To:	- -
Firm:		Hourly rate/Salary: Starting:		Final:	
Address:		Position held:			
Phone Number:		Supervisor's name:			
Reason for leaving/Reason for job search:					

Job duties:

Employer:		Date employed: From:	- -	To:	- -
Firm:		Hourly rate/Salary: Starting:		Final:	
Address:		Position held:			
Phone Number:		Supervisor's name:			
Reason for leaving/Reason for job search:					

Job duties:

Employer:		Date employed: From:	- -	To:	- -
Firm:		Hourly rate/Salary: Starting:		Final:	
Address:		Position held:			
Phone Number:		Supervisor's name:			
Reason for leaving/Reason for job search:					

Job duties:

Employer:		Date employed: From:	- -	To:	- -
Firm:		Hourly rate/Salary: Starting:		Final:	
Address:		Position held:			
Phone Number:		Supervisor's name:			
Reason for leaving/Reason for job search:					

Job duties: