



Date: _____

**One Sinclair Drive • Pittsford, NY 14534
(585) 248-1100 • Fax (585) 248-1145**

PERSONAL

Please Print
 POSITION APPLIED FOR _____ REFERRED BY _____ SALARY EXPECTED _____
 WILL CONSIDER FULL-TIME PART-TIME TEMPORARY PER DIEM
 DAY SHIFT EVENING SHIFT NIGHT SHIFT WEEKENDS

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

DATE AVAILABLE TO WORK _____ E-MAIL _____

HAVE YOU EVER BEEN EMPLOYED BY CLOVERWOOD OR THE FRIENDLY HOME? YES NO
 IF YES, WHEN _____ POSITION _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO IF NO, DO YOU HAVE A WORK PERMIT? YES NO

ARE YOU EITHER A U.S. CITIZEN OR A LEGAL ALIEN WHO HAS THE RIGHT TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN MINOR TRAFFIC INFRACTIONS) INCLUDING, BUT NOT LIMITED TO, CRIMES RELATED TO HEALTH CARE FRAUD? YES NO
 IF YES, PLEASE EXPLAIN. (RECORD OF CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.)

IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF AN ASSUMED NAME OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK OR EDUCATION RECORD? YES NO
 IF YES, PLEASE EXPLAIN.

EDUCATION/SKILLS

| SCHOOL | NAME AND ADDRESS OF SCHOOL | CHECK LAST YEAR COMPLETED | DID YOU GRADUATE? | DEGREE/MAJOR |
|--------------------------|---|---------------------------|-------------------|--------------|
| HIGH SCHOOL | | 1 2 3 4 | | |
| COLLEGE | | 1 2 3 4 | | |
| BUSINESS OR TRADE SCHOOL | | 1 2 3 4 | | |
| POST GRADUATE | | 1 2 3 4 | | |
| SKILLS | Are there any other experiences, skills or qualifications which you feel would especially prepare you for work with us? | | | |

LICENSES

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

| TYPE | STATE ISSUED | DATE | NO. |
|---|--------------|------|-----|
| SUSPENSION/REVOCATION <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. | | | |

EXPERIENCE

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER **FIRST**.

| | From | To | Immediate Supervisor | Last Salary |
|--|----------|----------|----------------------|-------------|
| JOB TITLE _____ STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM | Mo Yr | Mo Yr | | |
| EMPLOYER NAME _____ ADDRESS & PHONE _____ | | | | |
| DUTIES _____ | | | | |
| REASON FOR LEAVING _____ | | | | |
| JOB TITLE _____ STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM | Mo Yr | Mo Yr | | |
| EMPLOYER NAME _____ ADDRESS & PHONE _____ | | | | |
| DUTIES _____ | | | | |
| REASON FOR LEAVING _____ | | | | |
| JOB TITLE _____ STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM | Mo Yr | Mo Yr | | |
| EMPLOYER NAME _____ ADDRESS & PHONE _____ | | | | |
| DUTIES _____ | | | | |
| REASON FOR LEAVING _____ | | | | |
| MAY WE CONTACT THE EMPLOYERS LISTED ABOVE FOR PAST HISTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, WHICH SHOULD NOT BE CONTACTED: | | | | |
| IF YOU HAVE EVER SERVED IN THE UNITED STATES MILITARY SERVICE, PLEASE STATE WHETHER YOU RECEIVED ANY TRAINING OR EXPERIENCE WHICH WOULD ASSIST YOU IN PERFORMING THE JOB FOR WHICH YOU HAVE APPLIED? | | | | |

APPLICANT'S STATEMENT

1. I understand that my employment by Cloverwood will be on a probationary/introductory basis as per policy.
2. If employed by Cloverwood, I agree to abide by its rules and regulations.
3. The above information is complete and true to the best of my knowledge.
4. Any misrepresentation or omission of facts in this application will be cause for Cloverwood refusing to hire me or immediate discharge if discovered after I am hired.
5. I hereby authorize all persons, companies and corporations to release and provide any and all pertinent information regarding my employment to Cloverwood except as noted above and release Cloverwood from all liability for issuing this information.
6. I agree to take a job-related physical examination, present proof of immunity to certain conditions (as mandated by New York State Law), under go a drug screening and criminal background check at Cloverwood's request. I also agree that the examining physician may disclose the findings of that examination to Cloverwood or an authorized agent thereof. I understand that my employment is contingent upon successful completion of these requirements and I bear no personal expense for the completion of these prerequisites.
7. I understand that my employment is voluntarily entered into, that I am free to resign at any time and that Cloverwood may terminate the employment relationship at any time whenever it is in the best interest of Cloverwood to do so.
8. I understand that no management representative has any authority to enter into any agreement for employment which is contrary to the conditions listed above.
9. I understand that no handbook, memorandum, policy manual or policy statement currently in existence or hereafter issued by Cloverwood may alter the voluntary nature of my employment with Cloverwood and that Cloverwood may terminate the employment relationship at any time whenever it is in the best interest of Cloverwood to do so.
10. I understand that any offer of employment is contingent upon my providing proof of U.S. Citizenship or authorization to work in the U.S.

DATE _____ SIGNATURE _____

Cloverwood is an Equal Opportunity Employer and complies fully with Federal and New York State laws prohibiting discrimination in employment because of sex, age, race, color, religion, creed, marital status, national origin, availability for military services, non-disqualifying disability, or any other characteristic protected by applicable federal, state or local law.