



Preferred care

259 Monroe Avenue
Rochester, New York 14607 (716) 325-3920

APPLICATION FOR EMPLOYMENT

APPLICATION NO. _____

Position Applied For _____
Full Time _____ Part Time _____ Temporary _____
If Part Time, state days and hours available _____

Have you applied to Preferred Care within the past 12 months?
Yes () No ()
Date Available _____
Salary Expected _____

Please Print

Name			Home Phone No.		Work
Last	First	Middle			
Address			Social Security Number		
Number	Street				
City	State	Zip Code			
*Have you ever been convicted of a criminal offense other than for minor traffic violations? If yes, please explain:			Yes () No ()		Do you have a valid driver's license? Yes () No ()
					Do you have the use of a car if one is required for your job? Yes () No ()

If hired, can you furnish proof that you are eligible to work in the United States?
Yes () No () If no, please explain:

Previous Experience: Include non-compensated experience with civic, governmental, or volunteer organizations which you consider relevant. (LIST LAST OR PRESENT POSITION FIRST)

Dates	Position	Name and Address of Employer	Salary	Name of Supervisor	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

May we contact your present employer?

Military Experience		
Branch of U.S. Service	Dates of Service	Highest Rank

ROCHESTER AREA HEALTH MAINTENANCE ORGANIZATION, INC

Note: * This application will be considered without regard to your race, color, religion, national origin, age, sex, sexual orientation, disability or marital status.
Record of conviction may not disqualify the applicant from employment consideration.

12/95PC - 30004

Name of School Attended	Location	Graduated		Degree/Major
		Yes	No	
High School				
Business or Trade School				
College				
Graduate School				

Have you ever worked under a different name, or 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 school record? If yes, give name, name of school and/or company, and dates.

Professional Certification (Specify type of certification or license and expiration date if applicable).

List any skills or abilities which you consider relevant to the position for which you are applying:

If referred by Preferred Care employee, please identify:

Statement of Applicant:

- I understand that employment with Preferred Care will be on a probationary basis for up to 90 or more days of employment.
- I hereby authorize Preferred Care to investigate the foregoing statements, references, previous employers, and educational institutions. I authorize the release of such information without liability.
- I certify that the foregoing information is correct and complete, and I understand that any false statements in this application will be sufficient cause for denial of or discharge from employment.
- I understand that this application does not constitute an employment contract.
- I understand that employment with Preferred Care is subject to a satisfactory reference check and compliance with Immigration Reform & Control Act.
- I understand that Preferred Care maintains a smoke-free environment.

Signature _____ Date _____

- DO NOT WRITE BELOW THIS LINE -

Interview Notes/Employment Conditions

Position	Department	Salary	Exempt Non-Exempt
Interviewed By	Date	Interviewed By:	Date
Hiring Action and Salary Approved By:		Date of Hire:	