KingswayCommunity

323 Kings Road
Schenectady, NY 12304
Human Resources Fax # (518) 395-5925
www.kingswaycommunity.com

Application to: ☐ Kingsway Arms
Nursing Center   ☐ Kingsway Manor
Assisted Living   ☐ The Apartments
at Kingsway   ☐ Kingsway
Home Care

Pre-employment drug testing is required.

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Name: _____ Date: _____

Address:_____ City/State/Zip:_____

Telephone:(_____) _____ Cell: (_____)_____

Email: _____ Text: ☐ Yes   ☐ No

If under 18 years of age, do you have a work permit? ☐ Yes ☐ No   Are you a U. S. citizen? ☐ Yes   ☐ No

If no, do you have the legal right to remain permanently and work in the U. S. ? ☐ Yes ☐ No

Have you ever had or do you currently have charges pending or have you ever been convicted of a crime, felony

or misdemeanor? (You must answer YES if you have charges pending or have been convicted of any

crime in New York or any other State within the USA or any foreign country.) ☐ Yes ☐ No

If yes, please give date(s) and nature of offense(s): _____

_____

Position desired: _____ Date available for work: _____
        ☐ Full time   ☐ Part time   ☐ Per Diem

Days and hours/shift available: _____

Salary requirements: $ _____ per _____ Registered/Certified? _____

Have you ever worked and/or been certified or licensed under another name? ☐ Yes ☐ No

        If yes, what name? _____

Have you ever worked on the Kingsway campus before? ☐ Yes ☐ No When?_____

Which facility? _____Department? _____ Reason for leaving_____

Referred by: ☐ Social Media   ☐ Gazette   ☐ Times Union   ☐ Job Fair   ☐ Internet Website

        ☐ Personal Referral   ☐ Employee Referral (Name of Employee)_____

        ☐ Other_____

Education: (Please circle) Highest Grade Completed: 1 2 3 4 5 6 7 8   9 10 11 12   1 2 3 4 +
                                    Grade School   High School   College

Last School Attended: _____

Vocational or Trade Training: _____

Are there any limitations that would prohibit you from performing the job you are applying for? ☐ Yes ☐ No

(over)

List all past employment experiences, beginning with the most recent. Use additional sheets as necessary.

1

From: Month _____ Year _____   To: Month _____ Year _____
Current or most recent employer: _____
Address: _____ Zip: _____ Phone: _____
Job Title: _____
Salary: Start _____   Finish _____
Supervisor's Name:_____
Briefly describe your job duties and work experience: _____
_____
Reason for leaving: _____

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From: Month _____ Year _____   To: Month _____ Year _____
Current or most recent employer: _____
Address: _____ Zip: _____ Phone: _____
Job Title: _____
Salary: Start _____   Finish _____
Supervisor's Name:_____
Briefly describe your job duties and work experience: _____
_____
Reason for leaving: _____

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From: Month _____ Year _____   To: Month _____ Year _____
Current or most recent employer: _____
Address: _____ Zip: _____ Phone: _____
Job Title: _____
Salary: Start _____   Finish _____
Supervisor's Name:_____
Briefly describe your job duties and work experience: _____
_____
Reason for leaving: _____

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From: Month _____ Year _____   To: Month _____ Year _____
Current or most recent employer: _____
Address: _____ Zip: _____ Phone: _____
Job Title: _____
Salary: Start _____   Finish _____
Supervisor's Name:_____
Briefly describe your job duties and work experience: _____
_____
Reason for leaving: _____

May we contact your present employer at this time?   ☐ Yes   ☐ No

Applicant's Statement:

I understand that any employment by this Company will be on a six (6) month introductory basis. If employed by the Company I agree to abide by its rules and regulations. Further, I understand that my employment can be terminated any time by either party. I hereby certify that all entries on both the application and attachments, are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Company. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact any reference, former employers, and educational institutions listed regarding application. I further authorize the Company to rely upon and use, as it sees fit, any information received from such contacts.

I understand that Kingsway Community is a drug-free work place and that I will be subject to the Company's pre-employment and random drug testing program. I have read and understand the above.

_____   _____
            Applicant's Signature   Date