



COBURG VILLAGE, INC.

One Coburg Village Way,
Rexford, NY 12148

EMPLOYMENT APPLICATION

Type or print all information

We are an Equal Opportunity Employer

We do not discriminate on the basis of actual or perceived race, religion, sex, age, national origin, sexual preference, disability or any other status protected under Federal, State or local laws and regulations. The Lutheran Care Network (TLCN) is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other employment practices.

Name in Full (*Last, First, Middle*) Maiden Name Other Names Known By

Position Applying For Salary/ Hourly Rate Requirements:

How did you learn of this opening? Days Preferred Hours Preferred Date Available

Have you previously applied for a position at The Lutheran Care Network? If yes, when? Email
 Yes or *No*

Address Town or City State Zip Code

Home Telephone <i>(Area Code)</i>	Cell Phone <i>(Area Code)</i>	Are you 18 years of age or older? <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i> If no, state your age	Are you legally authorized to work in the U.S.? <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i> Will you be able to provide proof within three days of employment? <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i>
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Are you related in any way to an officer or employee of The Lutheran Care Network? <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i> If yes, give name, position held, and location	Were you previously employed by The Lutheran Care Network? <input type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i> If yes, indicate name of facility and dates employed
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EDUCATION

(Account for all studies including High School Equivalency, High School, Undergraduate, Graduate and Professional Schools)

Name and Location of School	Credits Completed		Diploma or Degree Received If yes, give type.		Major Subject
	# Required	# Completed		Type	
High School or Equivalency			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Undergraduate			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post Graduate, Professional, Business, Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Program of study now being taken Academic Honors or Recognition received

Extracurricular activities or interests

FOREIGN LANGUAGES

PROFESSIONAL OR HONORARY SOCIETIES OR ORGANIZATION MEMBERSHIPS

Language	Speak	Write	Understand	Translate	

SPECIAL SKILLS/QUALIFICATIONS

(Publications, Research, Fellowships, etc.)

LICENSES AND/OR CERTIFICATIONS

Type of Licensure or Certification	Issuing State	Issuing Agency	License/Certificate Number	Date of Original Licensure/Certification	Expiration Date

EMPLOYMENT

Provide a complete history of current and previous employment, starting with the present and working back. Use additional sheets, if necessary, or resume describing in detail the duties and responsibilities of each position listed.

1. Present or Last Employer

Name of Employer			Nature of Business		
Address	Apt. No.	City	State	Zip Code	Telephone Number (Area Code)
Employment Dates		Position Held	Name and title of immediate supervisor		
From Mo-Day-Yr	To Mo-Day-Yr				
Reason for desiring change or leaving					Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PD
Description of Duties					
Number and type of employees supervised (if any)					

2. Previous Employer

Name of Employer			Nature of Business		
Address	Apt. No.	City	State	Zip Code	Telephone Number (Area Code)
Employment Dates		Position Held	Name and title of immediate supervisor		
From Mo-Day-Yr	To Mo-Day-Yr				
Reason for desiring change or leaving					Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PD
Description of Duties					
Number and type of employees supervised (if any)					

3. Previous Employer

Name of Employer			Nature of Business		
Address	Apt. No.	City	State	Zip Code	Telephone Number (Area Code)
Employment Dates		Position Held	Name and title of immediate supervisor		
From Mo-Day-Yr	To Mo-Day-Yr				
Reason for desiring change or leaving					Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PD
Description of Duties					
Number and type of employees supervised (if any)					

PROFESSIONAL REFERENCES

List three people, other than your relatives, who have definite knowledge of your qualifications and fitness for the position for which you are applying and whom we may contact. Do not repeat names of supervisors listed in the Employment Section.

Name	Address No., City, State, Zip	Telephone	Years Known	Occupation

MILITARY RECORD IN U.S. ARMED FORCES

Branch of Service	Date of Entry	Date of Discharge
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Service Schools, Special Training or Assignments

Have you ever been excluded from participating in a Federal Health Care Program?
 Any plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded directly, in whole or in part, by the United States Government Yes No

If yes, give a detailed explanation

Are you able, as far as you know, to perform all of the essential functions of the job(s) you are applying for, with or without reasonable accommodations? Yes No

If no, please list required accommodation(s)

CERTIFICATION

By signing this application I certify that the information I have provided to the foregoing questions is true and correct to the best of my knowledge and belief, and that no attempt has been made to conceal information. Furthermore, I authorize my former and present employers, schools and personal references to provide any information they may have regarding me, whether or not it is on their records. I hereby release them and The Lutheran Care Network to the fullest extent from all liability for divulging the requested information. I understand that if any information given by me in this application and/or the attached resume is found to be false or misleading, I will be subject to dismissal at anytime during the period of my employment.

If employment is obtained under this application, I will comply with all rules, regulations, policies and procedures of The Lutheran Care Network (TLCN). I agree to be responsible for all property and equipment issues to me by the TLCN until it is returned by me. I agree to submit to any/all physical examination(s) by TLCN and understand that my employment is contingent upon a satisfactory medical clearance, and Chauncey, Office of Inspector General (OIG), National Practitioner Data Bank (NPDB), Office of the Professions (OP), and/or any other applicable accrediting agency's databank search. Further, I understand and agree that unless my position is covered by a collective bargaining agreement or other written employment agreement that my employment is at will and for no definite period of time, and may be terminated at any time with or without cause or prior notice by TLCN or myself. I further understand that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing and signed by the President/CEO of TLCN.

I also understand that according to New York State Department of Health (NYSDOH) regulations, The Lutheran Care Network requires certain staff to be fingerprinted as a condition of securing and continuing employment.

I understand that all statements and information shall be subject to verification and/or investigation and that false or misleading statements, or my failure to qualify for this position shall be grounds for termination of employment.

Signature of Applicant	Date
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CONFIDENTIAL

Detach and retain in confidential file

CONVICTION RECORD

(Your application will not be rejected solely on the basis of a conviction record; The Lutheran Care Network will consider various factors when reviewing your application. However, failure to disclose WILL result in denial and/or termination of employment.)

Have you ever been convicted of a crime or a violation of any law or ordinance in this state or elsewhere?

Yes No If "Yes," explain each conviction, setting forth the date, charge, court, and court ruling:

PATIENT ABUSE/NEGLECT

Have you ever been found to have committed patient neglect or abuse by any court, administrative body, or licensing board in this state or elsewhere?

Yes No If "Yes," explain each conviction, setting forth the date, charge, court, and court ruling:

CERTIFICATION

By signing this application, I certify that the information I have provided to the foregoing questions is true and correct to the best of my knowledge and belief, and that no attempt has been made to conceal information. I understand that all information shall be subject to investigation and that false information will be grounds for termination of employment.

Print Name

Signature of Applicant

Date

This information and any documents received by The Lutheran Care Network as part of a background criminal record investigation are strictly confidential and shall not be available for copying or inspection, except as expressly provided by law.