

ANDRUS ON HUDSON
185 Old Broadway
Hastings On Hudson, New York 10706
(914) 478-3700
Fax (914) 478-3541

Application for Employment

Andrus On Hudson is an equal opportunity employer. We consider applicants for employment without regard to race, color, creed, religion, national origin, marital status, age sex, citizenship status, sexual orientation or disability.

(PLEASE PRINT)

Date: _____ Position Applying For: _____

Application Information

Last Name: _____ FirstName: _____ Middle Initial _____

Previous/ Maiden Name _____ Day Telephone #: _____

Social Security #: _____ Evening Telephone # _____

Current Address: _____

City: _____ State: _____ Zip Code _____

E-mail Address _____

Have you ever been employed by Andrus on Hudson before? Yes No

If yes, please indicate when? _____

Were you referred by anyone to Andrus on Hudson? Yes No

If yes, person's name _____

Are you related to anyone employed by Andrus on Hudson? Yes No

If yes, person's name _____

Education and Training

Please List in Detail

	Name	Address	Degree /Diploma	Dates Attended	Grad. Year
Graduate					
College					
High School					
Additional Schooling					

N.Y. S. Professional Registration No. _____

Registration # in Other States: _____

N.Y.S. Permit #: _____

Has your license, registration or certification ever been revoked or suspected in New York State or in any other state? Yes No

If yes, please explain (give dates, where and why) _____

List Other Special Training and /or Skills: _____

If applying for Home Care Position:

N.Y. S. Driver's License _____

Experience

Please list Employment in Detail

(including US Military or State Militia) –Please state your most recent position first

Dates of Employment: _____

Employer: *(Name, Address, Phone* _____

Type of Business,

Immediate Supervisor) _____

Position Held: _____

Reason for Leaving _____

Dates of Employment : _____

Employer: _____

(Name, Address, Phone

Type of Business, _____

Immediate Supervisor)

Position Held: _____

Reason for Leaving _____

Dates of Employment : _____

Employer: _____

(Name, Address, Phone

Type of Business, _____

Immediate Supervisor) _____

Position Held: _____

Reason for Leaving _____

Please account for periods of unemployment:

Employment References (we will contact)

Name	Company	Phone #

Miscellaneous

Have you even been found to have committed patient neglect of abuse by any court, administrative body, or licensing board in New York State, or any other State? If yes, please explain (give date, where and why). Yes No

If yes, please explain: _____

Have you ever been excluded from participating in a federal health care program? If yes, please explain (give date and reason) Yes No

If yes, please explain: _____

Andrus on Hudson hires individuals regardless of disability. 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 explain: _____

Employment Application Certification

I certify that the information I have provided to the foregoing questions is true and correct, and that no attempt has been made to conceal information. 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 Andrus on Hudson from all liability for divulging the requested information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at anytime during the period of my employments.

If employment is obtained under this application I will comply with all rules and regulation of Andrus. I agree to be responsible for all property and equipment issued me by Andrus until returned. I agree to submit to physical examination by Andrus and understand that my employment is contingent upon, satisfactory medical evaluations. 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 for no definite period of time, and may be terminated at any time by Andrus or myself. I also understand that no one has the authority to make any agreement concerning the terms and conditions of my employments with Andrus unless the agreement is mad in writing and signed by an authorized representative of Andrus.

I also understand that, under New York Law, Andrus on Hudson will require me to be fingerprinted as a condition of securing and continuing employment.

Applicant's Signature

8391045_Revised_4_16_19

Date