



Dear Applicant,

Thank you for your interest in joining Belvedere Health Services. Our strong commitment to quality and customer service depends upon the individuals we hire. Enclosed please find an application for you to complete. Please submit the completed application. If a position is offered the following documents may be needed to complete the hiring process:

- Two forms of identification
- Proof of appropriate health status
 - Physical exam **on our form**
 - PPD within the last current year
 - MMR immunization
 - Flu Vaccine
- At least two professional references
- Proof of licenses or certifications required for the position including but not limited to:
 - CASAC-T; CASAC
 - LMSW, LCSW, LMHC
 - CNA, HHA, PCA certificates;
 - RN, LPN License
 - OT, PT, SLP

After you submit your application and required certificate(s), you may be contacted to schedule an interview if one has not already been scheduled. Depending on the position you're applying for you may be required to pass a criminal background check conducted by NYS agencies.

We look forward to meeting with you.

Sincerely,

Belvedere Health Services Team

EDUCATION

	Name & Location	Course Study	Graduated Yes/No
High School			
College(s)			
Technical Training/Certification			

LEGAL INFORMATION

Have you ever been convicted of a crime, misdemeanor or felony? Yes No

(A conviction is not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position.)

Have you ever been found to have committed resident or patient abuse, or have you ever been disciplined or terminated for resident or patient abuse? Yes No

Do you have any charges pending in any state or jurisdiction for criminal or patient abuse? Yes No

Have you or any organization in which you were an officer, director or manager ever been the subject of criminal, civil or administrative penalty program exclusion or other governmental sanction as a result of Medicare or Medicaid fraud? Yes No

Have you ever had your Driver's License revoked? Yes No

Have you ever had your Driver's License Suspended Yes No

If you answered YES to any of the questions above please explain

EMPLOYMENT HISTORY

Most recent first. Use additional pages if necessary.

By listing employers below or on your resume, you understand you are consenting for us to contact any or all

Check here if resume is attached and represents your **full** employment history

Company Name		Phone Number	
Address	City	State	Zip
Job Title	Hire Date: / /	Term Date: / /	
Supervisor Name			
Duties			

Company Name		Phone Number	
Address	City	State	Zip
Job Title	Hire Date: / /	Term Date: / /	
Supervisor Name			
Duties			

Company Name		Phone Number	
Address	City	State	Zip
Job Title	Hire Date: / /	Term Date: / /	
Supervisor Name			
Duties			

Company Name		Phone Number	
Address	City	State	Zip
Job Title	Hire Date: / /	Term Date: / /	
Supervisor Name			
Duties			

(If you need more space please use an additional sheet)

PERSONAL REFERENCES

Please provide the names and phone numbers of at least two persons, not related to you, known to you for at least one year, who we may contact for a personal reference. By filling this section out, you are providing consent for us to contact these individuals.

Name

Phone Number

Years Known

Name

Phone Number

Years Known

CURRENT LICENSE OR CERTIFICATION

If the position you are applying for requires you to have a license or certification please answer the following. If not, skip this section.

Check here to confirm the license or certification was issued/is valid in New York State. If not, explain:

RN LPN CNA HHA PCA PT OT SLP CASAC CASAC-T LMSW
LCSW LMHC Other:

Have you ever been disciplined in any manner for professional misconduct by any state licensure or certification board or are any such disciplinary or professional misconduct actions pending against you?

Yes No

Has any application or license to practice that you possess or possessed been denied, limited suspended, or revoked?

Yes No

Are you aware of anything that may affect the status of your license or certification or your ability to provide care?

Yes No

Have you ever been the subject of an indicated report of child abuse or maltreatment?

Yes No

If you answered yes to any of the above questions please explain:

APPLICANT CERTIFICATION

<input type="checkbox"/>	I certify that the information contained in this application are true and complete to the best of my knowledge.
<input type="checkbox"/>	I understand that if employed, falsified statements on this application shall be grounds for dismissal.
<input type="checkbox"/>	I authorize investigation of all statements contained herein and the personal and professional references listed to give the Company any information concerning my previous employment and pertinent information they may have and release all parties from liability for any damage that may result from furnishing the same to Belvedere Health Services.
<input type="checkbox"/>	I hereby agree to hold Belvedere Health Services harmless in divulging the information contained on this application form as well as any personnel records developed as a result of employment with Belvedere Health Services.
<input type="checkbox"/>	I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment or wages and salary, be terminated at any time without any prior notification.
<input type="checkbox"/>	I understand I may need to submit to a criminal history record check as a condition of my employment and will need to provide consent to such check. I also understand that those results may prevent Belvedere from hiring or retaining my employment.

The check boxes above must be checked in order for the form to be considered complete.

Applicant Signature	Date / /
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Confidentiality Agreement

As a candidate for employment, I understand that I may have access to confidential information including, but not limited to; medical, socioeconomic, financial, personal, and educational/employment information. This information may be in the form of written, verbal, and/or videotaped materials.

Confidential means that you may not discuss or divulge in any manner an individual's name, and identifying characteristics, comments or information about an individual with anyone who is not an authorized member of that individual's team.

Therefore, having read and acknowledged the above, I agree to maintain this confidentiality agreement by not divulging any information that I have access to during the application process to anyone who is not a member of that person's team (including other employees) or who is in a need to know situation.

Applicant Signature

Date

Witnessed (Belvedere employee)

Date

Confidential Professional Reference

The below named applicant has applied for employment with Belvedere Health Services, LLC and has submitted your name as a former employer, supervisor or co-worker for reference purposes. The applicant has authorized this request to verify employment and his/her performance. Please complete this form as objectively as you can.

TO BE COMPLETED BY APPLICANT			
First Name:	Last Name:	Last Four SSN:	
Company Name:		Street Address:	
City:	State/Zip:	Phone	- -
Title:		Reason for leaving:	
Employment Dates: Hire:	/ /	Term:	/ /
Reference Information			
Reference Name:		Title:	
Department:		Phone - -	
Applicant Acknowledgement and Signature			
<input type="checkbox"/>	I authorize the company to thoroughly investigate my background, reference, employment record and other matters related to my suitability for employment, without any further notice to me.		
<input type="checkbox"/>	I further authorize my former employer or any other third party to disclose to the Company all reports and other information related to my suitability for employment. In addition, I hereby release the Company and its officers and employees, and any other third party, from any and all claims, demands and/or liabilities arising out of or related to such investigation or disclosure.		
The check boxes above must be checked in order for the form to be considered complete.			
Applicant Signature:			Date:

TO BE COMPLETED BY REFERENCE		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	The employment data provided by the applicant above is accurate.
<input type="checkbox"/>	<input type="checkbox"/>	The applicant is eligible for re-hire at the company.
If no, please provide explanation:		

Please evaluate the Applicant using this scale: 1= Poor 2= Below Average 3=Average 4= Above Average 5= Excellent

Quality of Work (Technical competence)		Safety	
Quantity of Work (Productivity)		Uses Good Judgment	
Attendance and Punctuality		Accepts Supervision	
Attitude		Ability to Self Direct (work w/o supervision)	
Dependability		Professional conduct	
Cooperation		Initiative	
Ability to Adapt		Professional Appearance	

Comments: _____

Reference Signature: _____ Date: _____

COMPLETE HERE IF VERBAL REFERENCE RECEIVED			
Belvedere Staff Who Spoke With Reference		Date	

Confidential Professional Reference

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City:	State/Zip:	Phone	- -
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Reference Information			
Reference Name:		Title:	
Department:		Phone - -	
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City:	State/Zip:	Phone	- -
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Employment Dates: Hire:	/ /	Term:	/ /
Reference Information			
Reference Name:		Title:	
Department:		Phone - -	
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Reference Signature: _____ Date: _____

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