

Applicant Information

Last Name _____ First Name _____ M.I. _____
Sex Male Female Previous Name(s) Used _____
Home Address Street _____ Apt. No. _____
City _____ State _____ ZIP _____
Date of Birth (MM/DD/YY) _____ Home Phone (Include Area Code) (_____) _____
Cell Phone (Include Area Code) (_____) _____ Business Phone (Include Area Code) (_____) _____
Anticipated Start Date of Employment _____

Education *Submit a copy of the diploma for the highest degree obtained.*

High School _____ City _____
Dates of Attendance (MM/YY) From _____ to _____ Graduated? Yes No
If you are not a high school graduate, do you have a high school equivalency diploma? Yes No If yes, submit copy of diploma.
Issuing Authority _____ Diploma Number _____ Date _____

Junior/Community College _____ City _____
Dates of Attendance (MM/YY) From _____ to _____ Graduated? Yes No
Major _____ Minor _____
Number of College Credits _____ Degree Received _____ Date of Degree _____

College/University _____ City _____
Dates of Attendance (MM/YY) From _____ to _____ Graduated? Yes No
Major _____ Minor _____
Number of College Credits _____ Degree Received _____ Date of Degree _____

Graduate School _____ City _____
Dates of Attendance (MM/YY) From _____ to _____ Graduated? Yes No
Major _____ Minor _____
Number of College Credits _____ Degree Received _____ Date of Degree _____

Other (Specify) _____ City _____
Dates of Attendance (MM/YY) From _____ to _____ Graduated? Yes No
Major _____ Minor _____
Number of College Credits _____ Degree Received _____ Date of Degree _____

Employment *Begin with your most recent employment. Attach resume.*

Present Position (Payroll Title) _____ Appointment Date (MM/DD/YY) _____
Facility Name Where Presently Employed _____
Supervisor Name _____ Supervisor Title _____
Facility Street Address _____
City _____ State _____ ZIP _____ Phone (_____) _____
Major Job Responsibilities, Including Supervisory Duties, If Any _____

Position _____ Employment Period (MM/DD/YY) From _____ to _____
Facility Name _____
Supervisor Name _____ Supervisor Title _____
Facility Street Address _____
City _____ State _____ ZIP _____ Phone (_____) _____
Major Job Responsibilities, Including Supervisory Duties, If Any _____

Position _____ Employment Period (MM/DD/YY) From _____ to _____
Facility Name _____
Supervisor Name _____ Supervisor Title _____
Facility Street Address _____
City _____ State _____ ZIP _____ Phone (_____) _____
Major Job Responsibilities, Including Supervisory Duties, If Any _____

Position _____ Employment Period (MM/DD/YY) From _____ to _____
Facility Name _____
Supervisor Name _____ Supervisor Title _____
Facility Street Address _____
City _____ State _____ ZIP _____ Phone (_____) _____
Major Job Responsibilities, Including Supervisory Duties, If Any _____

Position _____ Employment Period (MM/DD/YY) From _____ to _____
Facility Name _____
Supervisor Name _____ Supervisor Title _____
Facility Street Address _____
City _____ State _____ ZIP _____ Phone (_____) _____
Major Job Responsibilities, Including Supervisory Duties, If Any _____

References

Provide three signed and dated recent letters of recommendation from individuals knowledgeable of the proposed administrator's background, qualifications and interest in the field of adult care.

Name _____

Street _____

City _____ State _____ ZIP _____ Phone (_____) _____

Name _____

Street _____

City _____ State _____ ZIP _____ Phone (_____) _____

Name _____

Street _____

City _____ State _____ ZIP _____ Phone (_____) _____

Questions

Yes No 1. Have you ever been convicted of any violation of the law other than a traffic violation?

Yes No 2. Are any criminal or civil actions pending against you?

Yes No 3. Are you presently under treatment for any physical or mental disability or for the use of alcohol or drugs?

Yes No 4. Do you now hold or have you ever held a professional license in New York or any other state? If yes, list license(s).

Type _____ State _____ License Number _____

Initial Date of Licensure _____ Expiration Date _____

Type _____ State _____ License Number _____

Initial Date of Licensure _____ Expiration Date _____

Type _____ State _____ License Number _____

Initial Date of Licensure _____ Expiration Date _____

Yes No 5. Have you ever been refused a professional license or denied approval to operate an adult home, health facility, community residence, etc.; or had an enforcement action on any professional license issued by New York or any other state? (If yes, please attach an explanation.)

Affirmation

I affirm, that the statements made herein and on the accompanying papers have been examined by me and of my knowledge and belief are true and correct. I further understand that a false statement knowingly made by me may be the cause for disapproval of any future appointment as administrator or operator of an adult care facility.

Signature X _____ Date _____