



Conifer Park, Inc.

79 Glenridge Road
Glenville, NY 12302
Tel. (518) 399-6446 or (800) 989-6446
Fax # (518) 952-8345
Email: coniferhr@libertymgt.com

APPLICATION FOR EMPLOYMENT

This facility is an equal opportunity employer. We recruit, hire, train and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation, disability, or other protective classification.

PLEASE COMPLETE THE APPLICATION IN FULL AND PRINT ALL REQUIRED INFORMATION LEGIBLY

-- THANK YOU!

Date Completed _____

EMPLOYMENT DESIRED

SEEKING: (Please check all that apply)

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Weekend Program | <input type="checkbox"/> Day |
| <input type="checkbox"/> Per Diem Pool | <input type="checkbox"/> Temporary | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Part Time | | <input type="checkbox"/> Night |

Hours per week desired: _____

POSITION OR TYPE OF WORK APPLYING FOR: _____

SALARY DESIRED: _____

Specify days (please circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Are you available to work Weekends? Yes No Evenings? Yes No Nights? Yes No

PERSONAL INFORMATION

Last Name _____ First _____ Middle _____

Other Names By Which You Have Been Known: _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Alternate Number _____

Are You 18 Years or Older? Yes No

Do you have a legal right to work in the U.S.? Yes No

You will be required to furnish proof of lawful work status if you are extended a job offer.

HOW DID YOU LEARN ABOUT THIS POSITION? CALL/WALK-IN FRIEND INTERNET NAME OF NEWSPAPER _____

HAVE YOU EVER BEEN EMPLOYED BY ANY OF THE FOLLOWING COMPANIES? Yes No

IF YES, PLEASE CHECK WHICH ONE(S): Arms Acres, Inc. Holliswood Hospital Savannas Hospital

Conifer Park, Inc. Liberty Behavioral Management, Corp.

IN WHAT CAPACITY? _____ DATES EMPLOYED: FROM _____ TO _____

DO YOU KNOW ANYONE CURRENTLY EMPLOYED AT CONIFER PARK? IF SO PLEASE LIST.

Name _____ Relationship _____

Name _____ Relationship _____

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

Equal Opportunity Employment Policy:

Conifer Park, Inc. maintains a policy of non-discrimination for all employees and applicants in every facet of the company's operations. In compliance with federal and state laws, Conifer Park, Inc. hires, trains, and promotes all qualified employees without unlawful discrimination on the basis of race, color, sex, sexual orientation, age, religion, marital status, citizenship, national origin, physical or mental handicap. This policy also applies to disabled veterans of the Vietnam Era.

CERTIFICATIONS

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time except for any reason as prohibited by applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Executive Director of this organization. I understand that this application is not a contract of employment.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof within the first three days of employment will result in termination of employment.

I also understand that any handbooks, manuals, policies and procedures maintained by Conifer Park, Inc. are not contractual in nature and may be amended or abolished at the sole discretion of Conifer Park, Inc.

I understand this application will be active for a period of one year; after that time; if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms therein, except my current employer if so noted, to provide any information requested about me, and I release them and Conifer Park, Inc. from all liability for damage in providing and requesting this information.

I understand that as a condition of my employment, I will be required to submit to the following: post-offer pre-employment physical and drug screen, criminal and child abuse background check; as well as DMV check and/or credit check based on position.

I certify that all the statements on this application, on related papers and in interviews, are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant _____ Date _____

FOR INTERNAL USE, ONLY

INTERVIEWED BY _____
NAME DATE

INTERVIEWED BY _____
NAME DATE

(Rev. 08-4-09)

Starting with the most recent job, list all employers for the last 10 years, noting any gaps in employment under "SPECIAL

SKILLS/ADDITIONAL INFORMATION" section. **Must be completed in full, do not list "see resume"**. Please request an additional page if needed.

EMPLOYMENT HISTORY

Name of Employer: _____	Position Title: _____
Full Address: _____ <small>Street</small> _____ <small>City/State/Zip</small> _____	Last Salary: _____
Supervisor & Phone: _____	Reason for leaving: _____
If present employer, may we contact? Yes _____ No _____	Describe your principle duties or responsibilities: _____
Dates employed: From (Month/Yr) _____ To (Month/Yr) _____	_____
Status: Full Time _____ Part Time _____ Per Diem _____	_____

Name of Employer: _____	Position Title: _____
Full Address: _____ <small>Street</small> _____ <small>City/State/Zip</small> _____	Last Salary: _____
Supervisor & Phone: _____	Reason for leaving: _____
If present employer, may we contact? Yes _____ No _____	Describe your principle duties or responsibilities: _____
Dates employed: From (Month/Yr) _____ To (Month/Yr) _____	_____
Status: Full Time _____ Part Time _____ Per Diem _____	_____

Name of Employer: _____	Position Title: _____
Full Address: _____ <small>Street</small> _____ <small>City/State/Zip</small> _____	Last Salary: _____
Supervisor & Phone: _____	Reason for leaving: _____
If present employer, may we contact? Yes _____ No _____	Describe your principle duties or responsibilities: _____
Dates employed: From (Month/Yr) _____ To (Month/Yr) _____	_____
Status: Full Time _____ Part Time _____ Per Diem _____	_____

Name of Employer: _____	Position Title: _____
Full Address: _____ <small>Street</small> _____ <small>City/State/Zip</small> _____	Last Salary: _____
Supervisor & Phone: _____	Reason for leaving: _____
If present employer, may we contact? Yes _____ No _____	Describe your principle duties or responsibilities: _____
Dates employed: From (Month/Yr) _____ To (Month/Yr) _____	_____
Status: Full Time _____ Part Time _____ Per Diem _____	_____

CRIMINAL HISTORY

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please state felony, when and where convicted and disposition of the case.

Have you ever been convicted of child abuse or maltreatment? Yes _____ No _____ If Yes, give details: _____

Please note: A conviction is not an absolute bar to employment; but will be considered in relation to specific job requirements.

EDUCATION

<u>Name of School</u>	<u>Course of Study</u>	<u>Last Year Completed</u>	<u>Did You Graduate</u>	<u>List Diploma or Degree</u>
High School: _____	_____	1 2 3 4	Yes No	_____
Full Address: _____				
Vocation/Trade School _____	_____	1 2 3 4	Yes No	_____
Full Address: _____				
Associate's Degree _____	_____	1 2 3 4	Yes No	_____
Full Address: _____				
B.A. or B.S. Degree: _____	_____	1 2 3 4	Yes No	_____
Full Address: _____				
Master's Degree: _____	_____	1 2 3 4	Yes No	_____
Full Address: _____				
Other: _____	_____	1 2 3 4	Yes No	_____
Full Address: _____				

List any courses or training completed outside of the above degreed programs that would be relevant for the position sought:

PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION (Copy required upon employment)

Type of License, Registry or Certification	Issuing State or Organization	Number	Expiration Date

If not currently registered, licensed or certified, are you eligible? Yes _____ No _____

When will you/did you sit for your exam? Date _____

SPECIAL SKILLS /ADDITIONAL INFORMATION

Please list any special skills that you possess and any additional information that you think would be applicable; i.e., volunteer work, membership in professional organizations, computer experience, or outside interests, etc. Also list explanation for any gaps in employment. *Exclude any information, which would denote race, sex, marital status, age, national origin, religion or political affiliations.*

APPLICANT NAME: _____

DATE: _____

(PRINT NAME)

EMPLOYMENT HISTORY, CONTINUED

Name of Employer: _____	Position Title: _____
Full Address: _____ <small>Street</small> _____ <small>City/State/Zip</small> _____	Last Salary: _____
Supervisor & Phone: _____	Reason for leaving: _____
If present employer, may we contact? Yes _____ No _____	Describe your principle duties or responsibilities: _____
Dates employed: From (Month/Yr) _____ To (Month/Yr) _____	_____
Status: Full Time _____ Part Time _____ Per Diem _____	_____

Name of Employer: _____	Position Title: _____
Full Address: _____ <small>Street</small> _____ <small>City/State/Zip</small> _____	Last Salary: _____
Supervisor & Phone: _____	Reason for leaving: _____
If present employer, may we contact? Yes _____ No _____	Describe your principle duties or responsibilities: _____
Dates employed: From (Month/Yr) _____ To (Month/Yr) _____	_____
Status: Full Time _____ Part Time _____ Per Diem _____	_____

Name of Employer: _____	Position Title: _____
Full Address: _____ <small>Street</small> _____ <small>City/State/Zip</small> _____	Last Salary: _____
Supervisor & Phone: _____	Reason for leaving: _____
If present employer, may we contact? Yes _____ No _____	Describe your principle duties or responsibilities: _____
Dates employed: From (Month/Yr) _____ To (Month/Yr) _____	_____
Status: Full Time _____ Part Time _____ Per Diem _____	_____

Name of Employer: _____	Position Title: _____
Full Address: _____ <small>Street</small> _____ <small>City/State/Zip</small> _____	Last Salary: _____
Supervisor & Phone: _____	Reason for leaving: _____
If present employer, may we contact? Yes _____ No _____	Describe your principle duties or responsibilities: _____
Dates employed: From (Month/Yr) _____ To (Month/Yr) _____	_____
Status: Full Time _____ Part Time _____ Per Diem _____	_____