



Application For Employment

**Fort Hudson Nursing Center
319 Broadway
Fort Edward, New York 12828**

Social Security # _____ - _____ - _____ Today's Date: _____

Name: _____
Last First Middle Maiden Name

Address: _____
No. Street City State Zip Code

Telephone: (____) _____ - _____ Email Address: _____

Are you 18 years of age or older? ____ Yes ____ No

If hired, can you provide written evidence that you are authorized to work in the U.S.? ____ Yes ____ No

Have you been convicted of a crime? ____ Yes ____ No

If Yes, please describe the criminal conviction listing the nature of the offense, your age at time of offense and your rehabilitation since the conviction: **(Conviction will not necessarily disqualify an applicant from employment)**

EMPLOYMENT

Position Applying For: _____ Full time or Part time _____
Shift Preferred: ____ Day ____ Evening (2PM to 10 PM) ____ Night (10 PM to 6 AM)

Do You Have Any Relatives Who Are Employed By This Organization? ____ Yes ____ No

Please Specify : _____

Have you ever applied for employment with Fort Hudson Nursing Center? If so, provide date(s): _____

Have you ever worked at Fort Hudson Nursing Center? If so, provide date(s) _____

Please list any additional information that relates to your ability to perform the job for which you have applied including RN license, LPN license, Certified Nurse Aid Certificate, personal training or hobbies:

EDUCATION

	School Name/Address	Course of Study	# Years Completed	Degree/ Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____

