

ST. REGIS NURSING HOME AND HELATH RELATED FACILITY, INC.

PLEASE FILL IN ALL SPACES IF POSSIBLE

APPLICATION FOR EMPLOYMENT

NAME - LAST	FIRST	MIDDLE	SOCIAL SECURITY NO.	THIS DATE	
ADDRESS - STREET			CITY	STATE AND ZIP CODE.	
			TELEPHONE NO.		
ARE YOU UNDER 18? YES _____ NO _____ IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU FURNISH A WORK PERMIT? YES _____ NO _____ ARE YOU A CITIZEN OF THE UNITED STATES? YES _____ NO _____					
POSITION DESIRED					
TRAINING FOR THIS POSITION					
OTHER SPECIALIZED TRAINING OR EXPERIENCE (NOT NECESSARILY FOR THIS JOB)					
WHERE NOW EMPLOYED			REASON FOR DESIRING CHANGE		
WHY DO YOU CHOOSE THE HEALTH CARE FIELD?					
WHAT PROMPTED YOU TO APPLY HERE FOR EMPLOYMENT?					
ARE YOU RELATED TO ANYONE IN OUR EMPLOY? (OTHER THAN SPOUSE)? IF SO, WHO?					
HOBBIES					
EDUCATION					
NAME AND LOCATION OF SCHOOLS OR COLLEGES		MAJOR SUBJECT	DID YOU GRADUATE?	COLLEGE DEGREE	
FORMER EMPLOYERS AND EXPERIENCE (REFERENCES)					
NAME AND ADDRESS	NATURE OF EXPERIENCE	PERIOD FROM TO	CASH SALARY	PHONE #	REASON FOR LEAVING
PERSONAL REFERENCES (NOT RELATIVES)					
NAME	ADDRESS	PHONE	BUSINESS		

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? _____ NO _____ YES
IF YES, EXPLAIN _____

HAVE YOU FILED AN APPLICATION HERE BEFORE? _____ YES _____ NO DATE _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? _____ YES _____ NO DATE _____

ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL DUTIES AND FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? _____ NO _____ YES

IF YOU ARE NOT FAMILIAR WITH THOSE DUTIES AND FUNCTIONS, WOULD YOU LIKE A COPY OF THE RELEVANT JOB DESCRIPTION? _____ YES _____ NO

WHAT METHOD OF TRANSPORTATION WILL YOU USE TO GET TO WORK? _____

IF EMPLOYED, WOULD YOU BE WILLING TO WORK: FULL TIME _____ PART TIME _____ DAYS _____

EVENINGS _____ NIGHTS _____ ALL SHIFTS _____

ARE YOU ON LAY-OFF STATUS OR SUBJECT TO RECALL? YES _____ NO _____ IF YES, WHEN? _____

IF YOUR APPLICATION IS CONSIDERED FAVORABLE, ON WHAT DATE WILL YOU BE AVAILABLE TO WORK? _____

PROFESSIONAL LICENSE NO. _____ TYPE _____ STATE _____

I CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS) ARE TRUE. I UNDERSTAND THAT MISREPRESENTATION IS CAUSE FOR VOIDING THIS APPLICATION OR TERMINATION OF EMPLOYMENT, IF HIRED. I AUTHORIZE THIS INSTITUTION TO INVESTIGATE ANY STATEMENT MADE ON THIS APPLICATION AND TO OBTAIN FROM ALL PERSONS, SCHOOLS, COMPANIES, CORPORATIONS, CREDIT BUREAUS AND LAW ENFORCEMENT AGENCIES ANY DOCUMENTS AND OTHER INFORMATION RELATIVE TO MY SUITABILITY TO PERFORM THE DUTIES OF THE POSITION THAT I'M APPLYING FOR. I FURTHER RELEASE ALL PARTIES SUPPLYING SAID INFORMATION FROM ALL LIABILITY AND RESPONSIBILITY ARISING FROM THEIR SUPPLYING SAID INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT IS DEPENDENT UPON RECEIPT BY THE NURSING HOME OF SATISFACTORY REFERENCES AND SATISFACTORY COMPLETION OF PROBATIONARY PERIOD.

I FURTHER AGREE, IF EMPLOYED, TO ABIDE BY ALL ST. REGIS NURSING HOME AND HEALTH RELATED FACILITY, INC. RULES AND REGULATIONS.

DATE

SIGNATURE

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN ANY FORM ON THE BASIS OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, HANDICAP, MARITAL STATUS, OR SOURCE OF PAYMENT, IN ANY PROGRAM OR ACTIVITY RECEIVING ANY ASSISTANCE OR SUPPORT FROM PUBLIC MONEY. NEW YORK STATE LAWS PROHIBIT DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 18 YEARS OF AGE.

(APPLICATION PLEASE DO NOT WRITE IN SPACE BELOW)

INTERVIEW BY _____ DATE _____ 20____ DATE TO START WORK _____ 20____

DEPARTMENT _____ POSITION _____

REMARKS _____

