

Application for Employment

Equal Employment Opportunity will be afforded to all applicants without regard to age, race, color, national origin, religion, sex or being a qualified disabled veteran or qualified veteran of the Vietnam era and any other category protected by law.

Please print responses to all questions.

Date _____

Name _____ Phone _____
Last First Initial

Mailing Address _____
Street Address or PO Box

City State Zip Code

Are you legally eligible for employment in the United States? Yes No

Are you at least 18 years of age? Yes No

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

A criminal background check will be required from each applicant, at his or her expense, prior to an offer of employment. A willful false answer to the question below will result in termination of employment. A conviction is defined as any crime which you have plead guilty to, have been found guilty in a court of law, plea bargained with an attorney, paid a fine, been incarcerated, done community service, etc. Felonies, misdemeanors, summary offenses, and local ordinance violations apply. Evidence of a criminal record does not necessarily disqualify you from employment at the Jewish Health & Rehabilitation Center.

Have you ever been convicted of a crime? Yes No

If so, describe _____

Position(s) Applied For _____

Please mark your availability

Shift(s) 7 AM-3 PM 3 PM-11 PM 11 PM-7 AM

Week Days Mon. Tues. Weds. Thurs. Fri.

Weekend Days Sat. Sun.

Status Per-Diem Part-time Full-time

Date available to start: _____ Salary Expectations: _____

Employment History

List your last three employers starting with your most recent - references to your resume is unacceptable.

Employer _____	Address _____
Position _____	Employed from _____ to _____
Starting Salary _____	Current Salary _____
Briefly describe your duties _____	
Reason for leaving _____	
Supervisor _____	Phone # _____
Employer _____	Address _____
Position _____	Employed from _____ to _____
Starting Salary _____	Current Salary _____
Briefly describe your duties _____	
Reason for leaving _____	
Supervisor _____	Phone # _____
Employer _____	Address _____
Position _____	Employed from _____ to _____
Starting Salary _____	Current Salary _____
Briefly describe your duties _____	
Reason for leaving _____	
Supervisor _____	Phone # _____

Have you ever been previously employed by the Jewish Health & Rehabilitation Center?

Yes No

If yes, give dates: _____

May we contact your current employer for a reference?

Yes No

Education

	School Attended	Grade Completed	Diploma or Degree	GPA
High School				
College				
Nursing School				
Graduate School				
Other				

Licensing/Certification Information

This section to be completed by licensed or certified candidates only

Are you presently licensed/certified to practice in New York State? Yes
 No

Is your license/certification in good standing without prior actions against? Yes No
 If no, explain details: _____

License or Certificate #: _____ Expiration _____

Check areas of experience:

<input type="checkbox"/> Acute Care	<input type="checkbox"/> Long-term Care	<input type="checkbox"/> Doctor Office
<input type="checkbox"/> Med/Surg	<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Other: _____
<input type="checkbox"/> ICU	<input type="checkbox"/> Psychiatric	

Agreement

As part of the hiring process, you should be aware that we will be checking your references. We may contact those persons whom you have identified to us as potential references. In addition, we may also contact other friends, acquaintances, business associates, local, state or federal law enforcement agencies, state licensing agencies or anyone who knows you. When we contact a reference, we may ask a series of questions relating to your personal background, education, work experience, character, criminal conviction records and/or personality. I have read and fully understand the foregoing. I hereby voluntarily consent to allow the Jewish Health & Rehabilitation Center or any of its employees or designees, to check my references by contacting any person whom they deem to be an appropriate reference. The Jewish Health & Rehabilitation Center representatives may ask questions about my personal background, education, work experience, character, criminal conviction records and/or personality.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the Jewish Health & Rehabilitation Center shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application for employment with the Jewish Health & Rehabilitation Center. I also authorize the companies, schools, law enforcement agencies, state licensing agencies and persons named in this application to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools, law enforcement agencies or persons from liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that, if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause, the employer's only obligation being to pay wages due and owing at the time of the termination unless otherwise provided in the collective bargaining agreement with SEIU 1199 Upstate. Upon my termination, I authorize the release of reference information regarding my employment with the Jewish Health & Rehabilitation Center and release the same from any liability for any damage for issuing this information

Applicant's Signature

Date

Human Resources Department Use Only

License/Certification Verification

License or Certificate #: _____ Expiration _____

Original Date of Licensing/Certification: _____

Registered for the period: _____

License/Certification is: In Good Standing Actions Reported Against

If negative findings please explain: _____

Verified by: NYS Nurse Aide Registry
 NYS Dept. of Education - Division of Professional Licensing

Signature of Person completing verification

Date completed

Recruitment Process Checklist

- | | |
|---|---|
| <input type="checkbox"/> Acknowledgment sent | <input type="checkbox"/> References Checked |
| <input type="checkbox"/> Interviews Conducted (if applicable) | <input type="checkbox"/> Criminal Background Check Returned |
| <input type="checkbox"/> Pre-Employment Test(s) scored | <input type="checkbox"/> License/Certification verified |

New Hire Checklist

- | | |
|--|---|
| <input type="checkbox"/> Start Date _____ | <input type="checkbox"/> Orientation Date _____ |
| <input type="checkbox"/> Job Title _____ | <i>Physical Information Complete:</i> |
| <input type="checkbox"/> Department _____ | <input type="checkbox"/> Pre-Employment Physical |
| <input type="checkbox"/> Number of Hours _____ | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Shift _____ | <input type="checkbox"/> Rubeola (if applicable) |
| <input type="checkbox"/> Grade/Step _____ | <input type="checkbox"/> PPD |
| <input type="checkbox"/> Probationary Rate of Pay _____ | <input type="checkbox"/> CXRAY (if applicable) |
| <input type="checkbox"/> Rate of Pay after Probation _____ | <input type="checkbox"/> I-9 Completed |
| <input type="checkbox"/> Shift Differential _____ | <input type="checkbox"/> Job Offered/Accepted _____ |