



**5537 Expressway Drive North
Holtsville, N.Y. 11742**

APPLICATION FOR EMPLOYMENT

NAME _____

POSITION DESIRED _____

EMPLOYMENT INTEREST:

PREFERRED HOURS: ___ Full-Time ___ Part-Time ___ Per Diem

PREFERRED SHIFT: ___ Day ___ Evening ___ Night

DATE OF THIS APPLICATION _____

IF SELECTED, AVAILABLE START DATE _____

This facility is an equal opportunity employer and does not discriminate because of age, sex, gender identity, gender expression, sexual orientation, domestic partnership, race, color, creed, religion, ethnicity, national origin, alienage or citizenship status, disability, marital status, veteran status, military status, domestic violence victim status, genetic information or any other legal recognized protected basis under federal, state, or local laws, regulations or ordinances. The facility also provides reasonable accommodations to disabled individuals to assist in the hiring process and to qualified individuals with disabilities in the performance of essential job functions without imposing a hardship on the facility, as required by federal, state or local law. The facility also is committed to accommodating religious beliefs.

4843-0298-8047, v. 1REV.10162018

PERSONAL INFORMATION

Please complete all sides of this application.

Date _____

LAST FOUR OF SS#

NAME (LAST)	(FIRST)	(MIDDLE)	(Maiden, if applicable)
STREET ADDRESS	HOME TELEPHONE	Mobile/Cell#	Email address (optional)
CITY AND STATE	ZIP CODE		

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES No

Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form 1-9.

If you are under 18 and it is required, can you provide working papers? Yes ___ No ___
 If no, please explain _____

Were you previously employed by us? ___ If yes, when? _____
 Have you ever been a volunteer at Island Nursing & Rehab Center? YES ___ NO ___ If yes, when? _____
 List any friends or relatives working for us _____

	Name	Relationship
_____	_____	_____
_____	_____	_____

Have you ever been terminated or suspended from any current or previous employment? Yes ___ No ___
 Have you ever been convicted of a crime that has not been expunged or sealed by a court? Yes ___ No ___
 If so when? _____
 A criminal conviction will not necessarily be a bar to employment. To enable us to evaluate your application please describe the nature of the offense for which you were convicted, the circumstances surrounding the commission of the offense and your subsequent rehabilitation: _____
 Date of occurrence and your subsequent rehabilitation _____

EDUCATION

H.S. School Name and Location: _____ Graduated? Yes ___ No ___
 College/Nursing/Technical/Trade name and location: _____ Degree: _____
 Graduate School name and location: _____ Degree: _____
 Number of years completed: _____ Major: _____
 Please list any Scholastic Honors, Fellowships and/or Scholarships awarded _____
 Do you have any special training or skills? YES: ___ NO: ___ If yes, explain: _____

PROFESSIONAL LICENSES
(Check One)

Professional Level: RN: ___ LPN: ___ Other (Specify): _____

I am not licensed in N.Y. State but plan to:

Take NYS Licensing Exam on: _____ Apply for Reciprocity on: _____ Apply for Temporary Permit on: _____
 Other States I am currently licensed (license and license # _____

N.Y.S. License Number _____ N.Y.S. License Date _____ Expiration: _____
 (Date of First Issue) _____ N.Y.S. Temporary Permit No. _____ Expiration: _____

Certified Nursing Assistants: Certification #: _____ Expiration: _____

S:MSword/mydocs/Applications 2/personal HX/rev.101618

EMPLOYMENT HISTORY

May we contact your present employer for a reference check? _____ Yes _____ No

LIST MOST RECENT EMPLOYMENT FIRST

Name of Employer	Address Street	City	State	Zip	Date Started
Your Position		Name of Immediate Supervisor/Telephone			Date Left
Description of Duties				Final Salary	
Reason for Leaving (Explain):					

Name of Employer	Address Street	City	State	Zip	Date Started
Your Position		Name of Immediate Supervisor/Telephone			Date Left
Description of Duties				Final Salary	
Reason for Leaving (Explain):					

Name of Employer	Address Street	City	State	Zip	Date Started
Your Position		Name of Immediate Supervisor/Telephone			Date Left
Description of Duties				Final Salary	
Reason for Leaving (Explain):					

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APPLICANT STATEMENT

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete and I understand that the omission and/or misrepresentation of any fact from this application or during any interview will be cause for immediate dismissal. I hereby authorize the Company and/or its affiliates to obtain reference information about me and release all persons from liability for providing that information.

If hired, I agree to abide by all facility rules and regulations and understand that, if employed, my employment may be terminated with or without cause, liability or notice, at any time, at the option of either the facility or me. I also understand that no representation, whether oral or written, by any representative or agent of the facility, at any time, can constitute a contract of employment. I understand that the facility and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the facility, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by a corporate officer of the facility.

I understand any offer of employment is contingent upon my successful completion of the facility's lawful pre-employment checks. I agree to execute any consent forms necessary for the facility to conduct its lawful pre-employment checks.

I understand that employment with the facility is contingent upon my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature: _____ Date: _____

