

# PERSONAL INFORMATION

Please complete all sides of this application.

Date \_\_\_\_\_

LAST FOUR OF SS#

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.? <input type="checkbox"/> YES <input type="checkbox"/> 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
_____	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: \_\_\_\_\_

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