PERSONAL INFORMATION

All Questions on Both Sides Of This Form Must Be Answered

Date_____Soc. Sec. No. ☐☐☐-☐☐-☐☐☐☐

NAME (LAST) **(FIRST)** **(MIDDLE)** **(Maiden, if applicable)**

STREET ADDRESS **HOME TELEPHONE**

CITY AND STATE **ZIP CODE**

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S. _____YES _____No

Are you 18 years of age or older? _____Yes _____No
If under 18 years of age, working papers must be provided.

Were you previously employed by us?_____If yes, when?_____
Have you ever worked as a volunteer at Island Nursing?_____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
Were you ever convicted of any crime? ____Yes ____No
If yes, describe_____
An affirmative response will not automatically exclude consideration for employment.

EDUCATION

	High School	Nursing/Technical Trade	College	Graduate School
School Name and Location				
Graduated:			Degree:	Degree:
Number of years completed				
Courses Studied				

Please list any Scholastic Honors, Fellowships and/or Scholarships awarded _____
Do you have any special training or skills?
____Yes____No If yes, Explain:_____

U.S. MILITARY SERVICE

Date Entered Service _____ Branch of Service _____
Date of Discharge _____ Rank of Discharge _____

PROFESSIONAL LICENSES
(Check One)

Professional Level ____ R.N. _____L.P.N.
Other _____
(Please Specify)
N.Y.S. License Number _____
N.Y.S. License Date _____
(Date of First Issue _____
N.Y.S. Temporary Permit No. _____
Expiration Date _____

I am not licensed in N.Y. State
but plan to (Check One)
____Take N.Y. State Licensing Exam
Date _____
____ Apply for reciprocity
Date _____
____ Apply for temporary permit
Other states in which licensed _____
(Please specify type and license no.)

NURSING APPLICANT'S ONLY

(Please print in ink)

Name: _____
LAST FIRST MIDDLE

Address: _____Telephone No. _____

EDUCATIONAL QUALIFICATIONS:

High School_____ Graduated _____ Yes_____ No _____
College_____ Graduated _____ Yes ____ No _____
School of Nursing _____ Graduated _____ Yes ____ No _____
Address: _____

Do you have any special training/certifications? _____Yes _____No

If yes, explain: _____

N.Y.S. License/Certification No. _____

RN _____ LPN _____ NA _____ Expiration Date _____

If other than N.Y. State, give License No. & name of State granting license: _____

Expiration Date: _____

LIST PAST HEALTH CARE EXPERIENCE (starting with most recent)

Dates (month/year)

From	TO	NAME OF FACILITY	ADDRESS	POSITION	REASON FOR LEAVING

Employee's Signature: _____

APPLICANTS DO NOT FILL IN SPACE BELOW

PRIOR EXPERIENCE REPORT

Total Year/Month of Accepted Experience: MH: _____ Year _____ Month _____
Other: _____ Year _____ Month _____
Total: _____ Year _____ Month _____

Start at: _____(Mo/Yr) level: Hourly Base $_____ Move to: ____(Mo/Yr) level in: ____Yr(s) ____Mo(s)

EDUCATIONAL DEGREE CREDIT

DEGREE _____ Yes _____ No _____ DEGREE _____ BS/BA _____ MS/MA _____ Ph.D.

Not Accepted

1. Reason _____
2. Reason _____

EMPLOYMENT HISTORY

Have you ever been known by any other name? If so, please state _____
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):

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW
APPLICANT STATEMENT

I certify that the above information given by me is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for herein may be cause for dismissal. I understand that my initial employment is contingent among other things, upon passing a pre-employment physical examination. I also agree, if employed, to receive such immunizations as required by the New York State Department of Health. Applicants and employees of the facility may be subject to drug and/or alcohol testing as permitted by applicable federal, state, and local law. A confirmed positive test will be considered by the facility in making the decision to employ or to continue to employ an individual. Additionally, employees of the facility may be subject to polygraph testing as permitted by the Employee Polygraph Protection Act of 1988 and applicable state and local law. Finally, applicants and employees may be subject to background checks, including criminal background checks, pursuant to Federal Consumer Credit Reporting Reform Act of 1966, as further explained in the attached authorization sheet.
I understand that my employment is dependent upon my providing all necessary documentation as required for my position, receipt by the Facility of satisfactory references, attendance at employee orientation, and satisfactory completion of the probationary period.
That any offer extended and accepted does not constitute a contract of employment, and that any such employment is terminable at the will of either party, and no officer of the Facility has the power to enter into any contrary oral agreement. Any contrary written agreement must be in the form of an employment contract signed by the President of the Facility.
I agree, if employed, to abide by all Facility rules and regulations.

Signature_____Date_____

REFERENCE RELEASE

In connection with my employment, I hereby authorize you to release to Island Nursing and Rehabilitation Center, any information pertaining to my past or present employment and/or school transcripts. I hereby release from all liability or damage, those persons, agencies and organizations who may furnish such information.

Date_____ Signature of Applicant_____

NOTICE TO APPLICANTS:

It is the policy of this Facility to conduct extensive background checks, inclusive, but not limited to Criminal (fingerprinting) ,Credit, Residential and DMV etc..

In the event an interview is granted to the applicant and an offer of "CONDITIONAL PROVISIONAL" employment is made the above check(s) will then be conducted.

AUTHORIZATION AND DISCLOSURE UNDER THE FEDERAL CONSUMER CREDIT REPORTING REFORM ACT OF 1996 FOR PROCUREMENT OF CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS

APPLICANT/EMPLOYEE CONSENT:

I understand and agree that Island Nursing and Rehab Center (the "Employer") will verify all or part of and hereby authorize the Employer to procure a consumer report and/or an investigative consumer report on me, and make any inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employment (including contacting employers), education (including degree(s), GPA, and attendance) as well as other public record information. I understand that an investigative consumer report commonly includes information concerning character, general reputation, personal characteristics or mode of living. That information may be obtained through personal interviews with my neighbors, friends, associates or others with whom I am acquainted. If I am granted employment, I further authorize my prospective employer to subsequently, from time to time, request consumer reports, other than investigative consumer reports, in connection with my employment. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment. I understand that upon written request to my prospective employer, I will be informed whether an investigative consumer report was requested, and be given complete and accurate disclosure as to the nature and scope of the investigation requested.

_____

Applicant Signature

_____

Date