

NAME \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_

SALARY DESIRED \_\_\_\_\_

EMPLOYMENT INTEREST:  Regular  Temporary

HOURS SCHEDULE:  Full-Time  Part-Time  Per Diem

PREFERRED SHIFT:  Day  Evening  Night

DATE OF THIS APPLICATION \_\_\_\_\_

IF SELECTED, WHEN CAN YOU START? \_\_\_\_\_

## ISLAND NURSING AND REHAB CENTER

### APPLICATION FOR EMPLOYMENT



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

**This facility is an equal opportunity employer and does not discriminate because of race, religion, color, age, sex, disability, national origin or veteran status.**

# 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	Mobile/Cell#	e-mail 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			

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 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  
 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 crime, date of occurrence and your subsequent rehabilitation \_\_\_\_\_.

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

**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 FIRS**

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. Finally, applicants and employees may be subject to background checks, including criminal background checks, pursuant to Federal Consumer Credit Reporting Reform Act of 1966.

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 Administrator/CEO 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 FOR DIRECT CARE POSITIONS

Pursuant to Title 10, Section 400.23 of the New York Code of Rules and Regulations, **Island Nursing & Rehab Center** is required to conduct a criminal background check of all applicants for employment in non-licensed positions providing direct resident care and/or supervision. Pursuant to these regulations we are required to notify you of the following:

1. We will submit your fingerprints to the New York State Department of Health and request the Department to forward such information to the Attorney General of the United States. The Attorney General will then conduct a full search of the records of the Federal Bureau of Investigation to ascertain if you have any record of a criminal conviction.

2. The Attorney General will provide its findings to the New York State Department of Health, which will in turn forward the results to us. If the background check reveals that you have been convicted of certain enumerated crimes, the Department of Health may notify Island Nursing & Rehab Center that your application for employment may not be considered for a Direct Care Position. If you have been offered provisional employment, such employment will be terminated.

3. Pursuant to the regulations, you have the right to:

- obtain a copy of the results of the criminal background check, review the information contained and explain same;

- withdraw your application for employment without prejudice at any time before we make a decision on your application. In such event we will destroy your fingerprint card and any information we may have obtained in connection with the criminal background check.

4. The fingerprinting and criminal background checks are conducted at no cost to you.

5. Any information we receive about you as a result of a criminal background check will be used only for determining your suitability for employment in a position involving direct patient care or supervision. Such information will be treated as confidential and will not be disclosed to any one else except as permitted by law.

6. If your employment application is denied because of information obtained during the course of a criminal background check we will provide you with a written statement regarding the basis thereof.

I HAVE RECEIVED A COPY OF THIS NOTICE OF CRIMINAL BACKGROUND CHECK ON THE DATE SET FORTH BELOW.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Date

**ISLAND NURSING AND REHAB CENTER**  
**PER DIEM STAFF AGREEMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. As per my pre-employment interview, I understand that monthly I will be required to submit, in writing, my dates of availability to work. My availability must be submitted no later than 10<sup>th</sup> of the month **prior** to posting the next month's schedule.
2. My availability requirements are as follows and are based upon the staffing needs of the facility: One (1) **weekend** (Saturday **and** Sunday) per month and four (4) weekdays-one(1) per week each month. I must be available for, at least, six (6) dates per schedule as per facility needs. I also understand that I am obligated to notify INRC as soon as practicable of any sincerely-held religious beliefs or practices that may impact my ability to abide by these requirements so that INRC can assess my need for a religious accommodation adequately.
3. I agree to be available to work minimum of one summer & one winter holiday, which is recognized by INRC. In addition to the major holiday(s), I must be available to work as the facility needs dictate.
4. I will be scheduled, as needed according my submitted availability. Once scheduled, I understand that I will be required to work those days. I am responsible to verify **my** scheduled dates as posted or advised. Should I fail to come in as scheduled or without the required notice (no *less* than 2 hours before the start of my scheduled shift=No Call No Show) and provide an alternative available date, I will be removed from the Per Diem Pool and my employment may be subject to termination.
5. I understand that I may elect to make myself available to work more than the six (6) day minimum.
6. I understand that if I do not meet the requirements and decline or cannot be reached by phone to work for a period of 2 consecutive months, I will be removed from the Per Diem pool and my employment will be terminated.
7. I have read, understand and agree the requirements as outlined above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**INTERVIEWER'S COMMENTS:**

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**INITIAL RECOMMENDATION:**

\_\_\_\_\_ Consider hiring the applicant

\_\_\_\_\_ Not hiring the applicant at this time

\_\_\_\_\_  
Interviewer Signature-Title

\_\_\_\_\_  
Date

Department Head/Final Recommendation:

Applicant accepted:  Applicant rejected:

Explain reason for acceptance/rejection

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/Director -Signature

**NURSING APPLICANTS ONLY:**

DNS/ADNS/Nursing Recruiter Comments:

Related Experience:

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Strengths:

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Weaknesses:

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Clinical Skills:

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Test Scores:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature