

# Eastside Nursing & Rehabilitation

62 Prospect St  
Warsaw, NY 14569

Phone: 585-786-8151  
Fax: 585-5584732

## Employment Application

### Personal Information

Last	First	MI	SSN# (Last 4)	Today's Date:	
Street Address	City	State	Zip	Cell Phone	Best Time to Call:
Are you entitled to work in the United States? <input type="checkbox"/> Y <input type="checkbox"/> N		Position Applying For:		Home Phone:	Best Time to Call:

If you served in the United States Military, please state if you received any training or experience that would assist you in performing the job for which you applied:

Have you been convicted of a crime? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, please explain:			
Referred by:	Applying for: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Are you at least 18 years of age? <input type="checkbox"/> Y <input type="checkbox"/> N		Under age 18, do you have a work permit? <input type="checkbox"/> Y <input type="checkbox"/> N	
What other name have you been known by?		How did you hear of the position?			
Shift Preference? <input type="checkbox"/> 7am - 3pm <input type="checkbox"/> 3pm - 11pm <input type="checkbox"/> 11pm - 7am		Date Available:			

Provide name(s) of family or friend(s) currently employed at Eastside Nursing & Rehabilitation Center:

Have you submitted an application with our company before?  Y  N If yes, provide the application date:

Have you ever been employed by our company?  Y  N If yes, provide employment dates: From \_\_\_\_\_ To \_\_\_\_\_

### Prior Work Experience

	Current or Most Recent		Prior		Prior	
	Employer	Address	Phone	Name of Immediate Supervisor	Position/Job Title	Dates of Employment
Employer					From _____ To _____	From _____ To _____
Address						
Phone						
Name of Immediate Supervisor						
Position/Job Title						
Dates of Employment	From _____ To _____		From _____ To _____		From _____ To _____	
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
	High School	9 10 11 12		
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				
RN License #:	LPN License #:	CNA Registry :	Expiration Date:	

Personal References			
	Reference 1	Reference 2	Reference 3
Name			
Address			
Telephone			

Have you ever had a non-criminal finding of abuse, neglect or misappropriation of resident funds sustained against you?  Y  N

Is there currently a non-criminal or going investigation of abuse, neglect or misappropriation of resident property that involves you?  Y  N

If so, please describe fully the facts of the investigation:

**APPLICANT'S STATEMENT:**

1. The above information is complete and true to the best of knowledge.
2. If employed by Eastside Nursing & Rehabilitation Center, I agree to abide by its rules and regulations.
3. Any misrepresentation or omission will also be cause for Eastside Nursing & Rehabilitation Center refusing to hire me.
4. I hereby authorize all persons, companies and corporations to release and provide any and all information regarding my employment to Eastside Nursing & Rehabilitation Center and release Eastside Nursing & Rehabilitation Center from all liabilities for issuing this information.
5. I agree as a condition of my employment that I must take and pass a physical examination and drug test at no personal expense to me. I also agree that the examining physician may disclose findings of that examination to Eastside Nursing & Rehabilitation Center or an authorized agent thereof.

DATE

APPLICANT'S SIGNATURE

Eastside Nursing & Rehabilitation Center, Inc. is an Equal Opportunity Employer and complies fully with Federal and New York State laws prohibiting discrimination in employment because of sex, age, race, color, creed, national origin, religion, marital status, availability for military services, disability, sexual orientation or arrest/conviction record.

Eastside Nursing & Rehabilitation Center, Inc. will make reasonable accommodations to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodations would impose an undue hardship or a significant risk of substantial harm.

**DO NOT WRITE BELOW THIS LINE**

COMPANY USE ONLY

INTERVIEWER NAME: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_