

Application for Employment

COLD SPRING HILLS CENTER
FOR NURSING & REHABILITATION
378 SYOSSET-WOODBURY ROAD
WOODBURY, NY 11797

PLEASE PRINT

Position(s) Applied For _____ Date of Application ____ / ____ / ____

Name of Referral _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ Social Security Number ____ - ____ - ____
Area Code

May we contact you at work? Yes No

If yes, work number and best time to call (____) - ____ : ____ am/pm

May we contact your current Employer? Yes No

If under 18, can you furnish a work permit? Yes No

Have you filed an application before? Yes No Date: ____ / ____ / ____

Have you ever been employed here before? Yes No Date: ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work ____ / ____ / ____

Type of Employment desired Full Time Part Time Temporary

Are you on lay-off and subject to recall? Yes No

Are you able to meet the attendance and shift requirements of the job? Yes No

Will you agree to work overtime? Yes No

Have you ever been bonded? Yes No

Driver's license number (if required by job) State _____

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It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Cold Spring Hills Center for Rehabilitation & Nursing if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Cold Spring Hills Center for Rehabilitation & Nursing reserves the right to terminate my employment at any time, with or without cause and without prior notice.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release Cold Spring Hills Center for Rehabilitation & Nursing from liability and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____

Date / / _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title				
		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving				
		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title				
		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving				
		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
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Reason for Leaving				
		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company

Educational Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank, and E. Major and minor field of study (if applicable).

A. School	B. No. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read Only	Speak Only

References

List name and telephone number of three (3) business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone Number	Years Known
	() -	
	() -	
	() -	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

Voluntary Affirmative Action Information

(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legal protected group.

Date: ____ / ____ / ____

Position(s) applied for _____

Referral Source

- Advertisement Employee Relative Walk-in School Government Employment Agency
 Private Employment Agency Other

Name of Source (if Applicable) _____

Applicant's Name _____ () -
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Group:

- Hispanic Black White American Indian/Alaskan Native Asian/Pacific Islander

SPECIAL NOTICE TO VIETNAM VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

- VIETNAM ERA VETERAN DISABLED VETERAN HANDICAPPED INDIVIDUAL

**To be completed by applicant – Not for interview purposes – To be filed separately from application
This information is used to satisfy the affirmative action requirements of Section 503 of the
Rehabilitation Act or necessitated by another federal law or regulation.**

For Personnel Department Use Only

Position(s) applied for..... Available Not Available

Other positions considered for _____

Hired..... Yes No Date of Hire ___ / ___ / ___

Position hired for _____

EEO classification

- | | | |
|---------------------------|----------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical | 8. Laborers |
| 3. Technicians | 6. Craft Workers (Skilled) | 9. Service Workers |

Notes: _____

Completed By: _____

Date: ___ / ___ / ___

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