

NESCONSET CENTER FOR NURSING & REHABILITATION

APPLICATION FOR EMPLOYMENT

Omitting answers to any non-optional questions may invalidate your application

If you need any form of physical accommodation to complete this application form, or to participate in our recruitment and interviewing process, please contact our Human Resources Department at (631) 361-8800 ext. 277 / 207, or in person.

LAST NAME	FIRST NAME	MIDDLE INITIAL	TODAY'S DATE:
STREET ADDRESS			DATE AVAILABLE FOR WORK:
CITY	STATE	ZIP CODE	HOME PHONE #:
POSITION APPLYING FOR:			CELL PHONE#:
WORK PREFERENCE: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS			BUSINESS PHONE #:
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			AVAILABLE FOR OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO (May be required)
			Are you legally able to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO

➤ PLEASE STATE ANY SHIFT, HOURS, OR DAYS DURING WHICH YOU ARE **NOT** AVAILABLE TO WORK*:

* Since NCNR seeks to reasonably accommodate for religious observances, times of unavailability will not necessarily bar employment.

➤ ARE YOU AT LEAST 18 YEARS OF AGE? YES NO IF "NO" STATE AGE: _____
Employment may be subject to verification of minimum legal age.

➤ HOW DID YOU HEAR ABOUT NESCONSET NURSING CENTER AND/OR THE POSITION FOR WHICH YOU ARE APPLYING?
 Newsday School: _____ Friend/Family NNC Employee: _____
 Local Paper: _____ Online Ad: _____ Other: _____

➤ HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) EXCLUDING MINOR TRAFFIC VIOLATIONS? YES NO IF YES, PLEASE EXPLAIN:

Note: A conviction record will not necessarily be an automatic bar to employment. Criminal history record checks are conducted on all new employees.

➤ HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES NO
IF YES, PLEASE EXPLAIN:

➤ HAVE YOU EVER HAD A SUBSTANTIATED FINDING OF PATIENT/RESIDENT ABUSE, MISTREATMENT, OR NEGLIGENCE FILED AGAINST YOU WITH ANY LOCAL, STATE OR FEDERAL AGENCY? YES NO
IF YES, PLEASE EXPLAIN:

CERTIFICATIONS AND LICENSURES

NOTE: APPLICATIONS WILL NOT BE ACCEPTED FOR NURSE ASSISTANT POSITIONS UNLESS APPLICANT HAS SUCCESSFULLY COMPLETED AN APPROVED TRAINING COURSE AND IS ELIGIBLE FOR EMPLOYMENT IN ACCORDANCE WITH THE NYS NURSING FACILITY CODE.

NYS PROFESSIONAL LICENSE #: _____ EXPIRATION DATE: _____

NYS NURSE ASSISTANT CERTIFICATION #: _____ EXPIRATION DATE: _____

OTHER CERTIFICATION/LICENSE: _____ #: _____ EXPIRATION DATE: _____

➤ **Tell us why you want to work for Nesconset Center for Nursing & Rehabilitation and how you will contribute to our mission of quality care to our Residents and Registrants:**

EDUCATION

<u>SCHOOL NAME/ADDRESS</u>	<u>COURSE OF STUDY</u>	<u>DEGREE/DIPLOMA</u>
JR/SR HIGH:	:	<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE:	:	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER:	:	<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAINING

<u>SCHOOL OR SPONSER</u>	<u>DESCRIBE TRAINING</u>	<u>COMPLETED?</u>
➤	:	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤	:	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤	:	<input type="checkbox"/> YES <input type="checkbox"/> NO

➤ MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS OR HONORS RECEIVED? (OPTIONAL RESPONSE)

➤ PLEASE STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION. FOR INSTANCE, DO YOU SPEAK, READ, OR WRITE A FOREIGN LANGUAGE OR POSSESS SKILLS WHICH MAY BE OF A RELATED VALUE TO NESCONSET NURSING CENTER, LLC?

MILITARY SERVICE

BRANCH: FROM: TO: GRADE: SPECIALTY:

EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYMENT FIRST

> COMPLETE ALL ITEMS <

Company/Employer Name <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	TELEPHONE NUMBER ()
Address	EMPLOYED (MO/YR) FROM: TO:
City, State, Zip	LAST PAY EARNED \$ per Hour / Week
Name of Supervisor	REASON FOR LEAVING
STATE JOB TITLE AND DESCRIBE YOUR WORK	
Company/Employer Name <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	TELEPHONE NUMBER ()
Address	EMPLOYED (MO/YR) FROM: TO:
City, State, Zip	LAST PAY EARNED \$ per Hour / Week
Name of Supervisor	REASON FOR LEAVING
STATE JOB TITLE AND DESCRIBE YOUR WORK	
Company/Employer Name <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	TELEPHONE NUMBER ()
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Company/Employer Name <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	TELEPHONE NUMBER ()
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City, State, Zip	LAST PAY EARNED \$ per Hour / Week
Name of Supervisor	REASON FOR LEAVING
STATE JOB TITLE AND DESCRIBE YOUR WORK	

APPLICANT NOTIFICATION AND AGREEMENT

Nesconset Center for Nursing & Rehabilitation

☞ **PLEASE READ VERY CAREFULLY BEFORE SIGNING** ☞

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules, and regulations of employment of the employer. I further understand that neither the policies, rules, regulations of employment or anything said during the interview, hire or orientation process shall be deemed to constitute terms of an implied employment contract. I acknowledge that employment with Nesconset Center for Nursing & Rehabilitation may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or the employee (subject to terms and conditions of any collective bargaining agreement then in effect). I understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company has the authority to enter into any agreement for employment for any specified period of time, or to make any change in any policy, benefit or other term or condition of employment, other than in a document signed by the Administrator, or his designee, or to make any agreement contrary to the foregoing.

The Company is committed to a policy of Equal Employment Opportunity. Qualified applicants who are able, with or without reasonable accommodation, to perform the essential functions of a job, are considered for appropriate positions and employees are treated during employment without regard to race, creed, color, national origin, religion, gender, disability, age, veterans status, marital status, sexual preference, or any other protected class. Nesconset Center for Nursing & Rehabilitation complies with government regulations and affirmative action responses and may require employees to complete an affirmative action survey in this regard. If any information requested on this application is contrary to our policy of non-discrimination, please do not respond to that particular question.

I authorize the investigation of all statements and information contained in this application, in any other accompanying or required documents, or otherwise in connection with my application for employment. I release from any and all liability any individual, former employer, or entity supplying such information to Nesconset Center for Nursing & Rehabilitation. I also release Nesconset Center for Nursing & Rehabilitation from any and all liability that could result from undertaking such investigations and making any employment-related decisions based on information obtained through such investigations.

If employment is offered to me, such employment will be contingent upon passing a physical examination which may include blood work, mantoux test, urine and/or stool screening. I acknowledge that I have read and understand the above statements and hereby grant my permission to confirm all information supplied by me in connection with my application for employment with Nesconset Center for Nursing & Rehabilitation.

APPLICANT SIGNATURE: _____

DATE: _____