

LIVINGSTON HILLS NURSING & REHABILITATION CENTER
2781 ROUTE 9 – P.O. BOX 95 LIVINGSTON, NY 12541
EMPLOYMENT APPLICATION

GENERAL INFORMATION

Last Name	First Name	Middle Name	Date
Street Address	City	State	Zip Code
Position(s) Applying For			Pay Expected
Check One: FULL TIME _____			Part Time _____
Referral Source (Newspaper, friend, employee, etc.)			Available Start Date
EDUCATION AND TRAINING			
Type of School	Complete Name and Address of School	Major and Minor Fields	Graduated YES/NO
High School (Most Recent)			
Colleges or Universities			
Other			
Academic Achievements and Activities	Please list academic honors, scholarships or fellowships, memberships in academic honorary societies, or participation in or offices held in extracurricular activities you consider significant (you may exclude all information indicative of age, sex, race, religion, color, national origin, disability, marital status, sexual orientation or citizenship status):		

EDUCATION AND TRAINING

Type of School	Complete Name and Address of School	Major and Minor Fields	Graduated YES/NO	Degree
High School (Most Recent)				
Colleges or Universities				
Other				
Academic Achievements and Activities	Please list academic honors, scholarships or fellowships, memberships in academic honorary societies, or participation in or offices held in extracurricular activities you consider significant (you may exclude all information indicative of age, sex, race, religion, color, national origin, disability, marital status, sexual orientation or citizenship status):			

EMPLOYMENT HISTORY

Please start with present or most recent employer.

FROM MO. YR./ TO MO. YR.	EMPLOYER	TELEPHONE ()
JOB TITLE	ADDRESS	
SUPERVISOR AND TITLE	Summarize the nature of work performed and job responsibilities	
RATE OF PAY \$ _____ PER _____	REASON FOR LEAVING	
FROM MO. YR./ TO MO. YR.	EMPLOYER	TELEPHONE ()
JOB TITLE	ADDRESS	
SUPERVISOR AND TITLE	Summarize the nature of work performed and job responsibilities	
RATE OF PAY \$ _____ PER _____	REASON FOR LEAVING	
FROM MO. YR./ TO MO. YR.	EMPLOYER	TELEPHONE ()
JOB TITLE	ADDRESS	
SUPERVISOR AND TITLE	Summarize the nature of work performed and job responsibilities	
RATE OF PAY \$ _____ PER _____	REASON FOR LEAVING	
Are you a U.S. citizen or non-citizen lawfully Authorized to work in the U.S.? YES _____ NO _____	The Immigration Reform and Control Act of 1986 prohibits the employment of unauthorized aliens, and employers are required to verify the employment eligibility of all new employees. An offer of employment will be conditional on your providing the documentation required by law as evidence of your personal identity and your authorization to work in the United States.	

BACKGROUND INFORMATION

Were you ever convicted of a felony?

YES _____ NO _____ If YES, please explain:

This information will be used only for job-related purposes. A conviction will not automatically exclude you from employment.

Have you ever been reprimanded, sanctioned, debarred, suspended or excluded, for any reason by or from any federal health care programs including HCFA or Medicare?

YES _____ NO _____ If YES, please explain:

If so, have you been reinstated? _____ When? _____

Are you currently suspended or excluded, for any reason by or from any federal health care programs including HCFA or Medicare?

YES _____ NO _____ If YES, please explain:

Are you otherwise ineligible for contracting with the federal government or for participation in federal health care programs?

YES _____ NO _____

Have you previously applied to work at LIVINGSTON HILLS NURSING & REHABILITATION CENTER?

YES _____ NO _____

Are you able to work over-time if requested? YES _____ NO _____

Were you ever discharged or dismissed from any employment for reasons other than lack of work or funds?

YES _____ NO _____ If YES, please explain: _____

Did you ever resign or were you ever asked to resign from any employment rather than face dismissal?

YES _____ NO _____ If YES, please explain: _____

Have you ever been disciplined by an employer for mistreatment, neglect of abuse of a resident, misappropriation of resident property or other inappropriate behavior regarding a resident?

(NOTE: discipline includes verbal or written warnings, suspensions or discharge.)

YES _____ NO _____ If YES, please explain: _____

REFERENCES

Please list references (former employers, supervisors, human resource departments, etc.)

Name	Company	Position	Phone
1.			
2.			
3.			
4.			
5.			
May we contact your present employer?		YES _____	NO _____

TO ALL APPLICANTS

Your potential employment is voluntary on both our parts. While we both hope that our relationship will be a continuing one, your potential employment is not for a fixed term, but is subject to termination by you or us at any time with or without notice and for reasons which either party believes are sufficient in his or her discretion unless provided otherwise by collective bargaining agreement. Employees have an obligation to give notice of voluntary resignation.

I understand that you will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide information requested about me, and I release them from all liability for damages in providing this information.

I understand that any false answers or statements made by me on this application or any supplement thereto or connection with the above mentioned investigation will be sufficient grounds for immediate discharge.

Applicant's Signature _____ Date _____

BACKGROUND INVESTIGATION AUTHORIZATION

I authorize **LIVINGSTON HILLS NURSING & REHABILITATION CENTER** and any of their agents to undertake a verification of the information I have provided to them concerning my employment and I authorize all corporation, companies, credit agencies, educational institutions, persons, law enforcement agencies, criminal, civil and federal courts, and former employers to release information they may have about me and I release them from any liability from doing so. Any copy of this authorization shall have the same authority as the original.

SIGNATURE

DATE

NAME (PLEASE PRINT)

MAIDEN NAME OR OTHER NAME USED

ADDRESS

ISSUING DATE

This information will be used for purposes of identification and pre-employment only and will not be used for discriminatory purposes. Federal law prohibits discrimination in employment on the basis of age, race, color, sex, creed, religion, sexual orientation, disability, or national origin. Many states also prohibit some or all of the above types of discrimination and may also include marital status.

LIVINGSTON HILLS NURSING & REHABILITATION CENTER
2781 Route 9, P.O. Box 95
Livingston, NY 12541
Telephone: (518) 851-3041 Facsimile: (518) 851-5193

PERSONAL REFERENCE

Name of Person Telephone _____

Address City State Zip

Below is to be completed by the reference giver.

Character _____ Abilities _____

Probable Job Performance _____

Other Information _____

Signature of Personal Reference

Date

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REFERENCE FORM

I give my consent for the following company/person to release the requested information to Livingston Hills Nursing & Rehabilitation Center for consideration in hiring me.

Applicant's Printed Name Applicant's Signature Date

The above person has applied for employment at Livingston Hills Nursing & Rehabilitation Center. Please complete the following information, and return this form in the enclosed self-addressed stamped envelope. This information will be kept confidential.

EMPLOYER REFERENCE

Name of Company/Person Telephone _____

Address City State Zip

Below is to be completed by the employer

Date Employed _____ Position _____

Quantity of Work _____ Quality of Work _____

Interpersonal Skills _____ Attendance _____

Reason for Leaving _____ Rehire? (Y/N) _____

Comments _____

Signature of Employer Title Date

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CRIMINAL HISTORY RECORD CHECKS

It is the policy of Livingston Hills to preform criminal history checks on all prospective non-licensed employees providing direct care or supervision to residents other than the persons licensed under Title 8 of the Education Law or Article 28-D of the Public Health Law.

To comply with the State regulation, we must obtain this signed, sworn statement from you disclosing any prior finding of abuse or conviction of a crime and this signed authorization to submit your fingerprints and other identifying information to the Attorney General for a search of the criminal history records of the FBI.

You will have the opportunity to obtain, review, and explain the information contained in the report. You may withdraw your application for employment at any time, without prejudice, prior to our decision on employment. Upon such withdrawal, any fingerprints and criminal history records we have received will be destroyed.

I, _____, authorize my fingerprinting and the search of the records of the FBI's Criminal Justice Information Services Department.

Please check one:

_____ I DO NOT have a prior finding of patient or resident abuse or a conviction for a crime or violation other than a traffic infraction.

_____ I DO have a prior finding of patient or resident abuse or a conviction for a crime or violation other than a traffic infraction. Please list findings:

Applicant's Signature

Date