

**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:	Social Security Number
Position(s) Applying For:	Pay Expected:		Home Phone #	
Check one: Full-time <input type="checkbox"/> or Part-time <input type="checkbox"/>				Work Phone #
Referral Source (Newspaper, Friend, Employee, etc.)				Available Start Date:

Education & Training				
Type of School	Complete Name and Address of School	Major & Minor Fields	Graduated Yes/No	Degree
High School (Most Recent)				
College or Universities				
Other				
Academic Achievements & Activities	Please list academic honors, scholarships or fellowships, memberships in academic honorary societies, or participation in or office 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	
<i>Please start with present or most recent employer</i>	
From MO.YR. / To MO.YR.	Employer: Phone #
Job Title:	Address:
Supervisor & Title:	Summarize the nature of work performed and job responsibilities:
Rate of Pay: \$ Per:	Reason for Leaving:

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 or 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: _____

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

Name	Company	Position	Phone #
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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 part believes are sufficient in his or her discretion unless provided otherwise by collective bargaining agreement. Employees have an obligation to give notice of voluntary reindentation.

I understand that you will thoroughly investigate my work and personal history and verify all date 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 them from all any false answers or statements made by me on this application or any supplement thereto or connection with 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 authorized all corporation, companies, credit agencies, education 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.

Full Name (*Please Print*): _____ Maiden Name or Other Name Used: _____

Signature: _____

Date: _____

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 based on age, race, color, sex, creed, religion, sexual orientation, disability, or national origin. Many states also prohibit some or all the above types of discrimination and may also include marital status.

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Telephone #: (518) 851-3041 **Fax #:** (518) 851-5193

Personal Reference

Contact Person: _____ Contacts Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

(Below is to be completed by the reference giver.)

Character: _____ Abilities: _____

Probable Job Performance: _____

Other Information: _____

Signature: _____

Date: _____

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Reference Form

I give my consent for the following company or 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 to the enclosed self-addresses 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): _____

Additional Comments: _____

Signature of Employer: _____ Title: _____ Date: _____

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Criminal History Record Check

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 for your 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.

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: _____