

CAMPBELL HALL NURSING & REHABILITATION

23 KIERNAN ROAD, CAMPBELL HALL, NEW YORK 10916

(845) 294-8154

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS

Position Desired:	Shift You Are Available <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Night <input type="checkbox"/> Any			
	<input type="checkbox"/> F/T <input type="checkbox"/> P/T Date You Can Begin Work _____			
Last Name	First	Middle Initial	Maiden Name	Social Security Number
Street Address				Home Telephone ()
City	State	Zip	Business Telephone ()	

PLEASE ANSWER THE FOLLOWING QUESTIONS

Are you legally eligible for employment in the United States?

Proof of citizenship or immigration status will be required upon employment.

Yes No

Are you at least 16 years of age?

Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work?

Yes No

Have you ever filed an application with us before? If yes, give date _____

Yes No

Have you ever been employed with us before? If yes, give date _____

Yes No

May we contact your present employer?

Yes No

May we contact your previous employer(s)?

Yes No

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

Yes No

Did you ever resign from any employment rather than face dismissal?

Yes No

Except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of any crime?

Yes No

CERTIFIED, LICENSED OR REGISTERED APPLICANTS

(RN's, LPN's, CNA's, etc.)

Are you currently certified, licensed or registered as a health care giver in New York State? Yes No

If yes, Certification Number _____ Expiration Date _____

Are you registered in another state Yes No If yes, State _____ Number _____

Have you taken New York State Boards? Yes No If yes, date taken _____

For Personnel Use Only

Prometric Web Site checked: _____ Inspector General Web Site Checked _____
(date) (date)

Application cleared through the Nurse Aide Registry Yes No Initials: _____

Proceed with Application Yes No Initials: _____

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
ELEMENTARY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS/TRADE/TECH				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Experience – Beginning with your most recent employment and working backward consecutively to your first one, use an additional sheet of paper if necessary. Include Part Time and Full Time Work.

Employer	Dates Employed		Work Performed
	From	To	
	Mo. Yr.	Mo. Yr.	
Complete Address			
Telephone Number	Job Title	Supervisor	
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
	Mo. Yr.	Mo. Yr.	
Complete Address			
Telephone Number	Job Title	Supervisor	
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
	Mo. Yr.	Mo. Yr.	
Complete Address			
Telephone Number	Job Title	Supervisor	
Reason for Leaving			

REFERENCES

Please provide the name, complete address, and phone number of three people **not related to you** that you have known for at least one year. Applications with

1.	/	/	/
	Name	Relationship to Applicant	Telephone Number
	/		/
	Complete Street Address	City	State Zip
2.	/	/	/
	Name	Relationship to Applicant	Telephone Number
	/		/
	Complete Street Address	City	State Zip
3.	/	/	/
	Name	Relationship to Applicant	Telephone Number
	/		/
	Complete Street Address	City	State Zip

How did you hear about this facility? Newspaper Radio Current Employee Other _____

MVNH Employee Referral: _____
Employee Name Making Referral

SPECIALIZED SKILLS

<p style="text-align: center;">Equipment</p> <input type="checkbox"/> Computers <input type="checkbox"/> Network <input type="checkbox"/> Other _____	<p style="text-align: center;">Computer Software Skills</p> <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Publisher <input type="checkbox"/> Web Designing <input type="checkbox"/> Other _____	<p style="text-align: center;">Foreign Language</p> <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Other Skills _____		

OTHER INFORMATION

Please state any information you feel may be helpful to us in considering your application:

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I certify that the answers given herein are true and complete to the best of my knowledge. I understand that the employer 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 any information requested about me, and I release them from all liability for damage in providing this information.

I understand that, unless otherwise defined by applicable law, any employment relationship with the organization is of an “**at will**” nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this “**at will**” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand this application will be active for a period of three (3) months; after that time if I wish to be considered for employment, I must submit a new application.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant

Date