

Roscoe Regional Rehabilitation & Residential Health Care Facility

Adult Day Care Program

420 Rockland Road, Roscoe, NY 12776

(607) 498-4121

Application for Employment *

Date: _____

Name: _____ **Social Security #:** _____
 Last First Middle Int.

Address _____ **Telephone #:** (____) _____
 Street City State Zip Code

If under 18 can you provide working papers? Yes _____ No _____

Have you ever been convicted of a misdemeanor? _____ If yes, describe in full detail

Have you ever been convicted of a felony? _____ If yes, describe in full detail

Do you have the legal right to work in the United States? _____

List any other names you have used which may be necessary to verify employment history. _____

What source / person if any referred you to us? _____ Have you ever worked for us before? If so when? _____

List the names of any relatives that work for us. _____

Position applying for: _____ **Date Available:** _____

Hours desired (use 1,2,3 in order of preference): Day _____ Evening _____ Night _____ Are there hours you can't work? _____

Are you available to work weekends? Yes _____ No _____ Mandatory overtime is required. Are you available for overtime? Yes _____ No _____

Employment History (start with most recent)

Employer Name and Address	Dates of employment	Position held	Name of Supervisor	Reason for leaving	Salary Rate
_____ _____ _____ Phone #:	Start: _____ End: _____				
_____ _____ _____ Phone #:	Start: _____ End: _____				
_____ _____ _____ Phone #:	Start: _____ End: _____				
_____ _____ _____ Phone #:	Start: _____ End: _____				

*** We are an Equal Opportunity Employer and fully subscribe to the principals of Equal Opportunity. State and Federal Law prohibit discrimination based on race, color, creed, national origin, sex, blindness, sponsor, age, marital status, sexual preference, arrest record, mental or physical disability.**

RCNH 7/00

Education (circle grade completed)

High School: 1 2 3 4

School: _____
Name _____ Location _____

College: 1 2 3 4 5 6 7

College: _____
Name _____ Location _____

College: _____
Name _____ Location _____

Licenses / Registrations / Certificates

Type	Number	State issued	Expiration Date

Personal References – Do not use relatives

Information must be complete.

Name	Address	Phone #	Business	Years Known

If hired, I understand that a physical examination satisfactory to this company must be passed; I authorize investigation of any statement on this application and understand that any falsification or omission is cause for voiding this application or termination of employment if hired. I authorize the Roscoe Community Nursing Home to obtain information concerning my school and work record from any former employer or school official. I hereby release such former employers and school officials from any and all claims related to the providing of such information. If hired, I understand that our employment relationship is terminable at will. I also understand that if employment is offered I may be required to submit to fingerprinting for a background check. If my position requires fingerprinting my employment will be considered temporary until cleared by the NYS Department of Health.

Date: _____ Signature: _____

=====DO NOT WRITE BELOW THIS LINE=====

Date: _____ Comments: _____

Date Nurse Aide Registry checked: _____, checked by _____ Negative finding: Yes _____ No _____
 Date Department of Correction checked: _____, checked by _____ Negative finding: Yes _____ No _____
 Employment Reference Check completed: Yes _____ No _____ Completed by _____
 Personal Reference Check completed: Yes _____ No _____ Completed by _____

Based on the above applicant is acceptable for employment: Yes _____ No _____

Date Hired: _____ Department / Position: _____ Rate _____