



# EMPLOYMENT APPLICATION

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PLEASE PRINT CLEARLY

LAST NAME		FIRST	MIDDLE INITIAL
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STREET ADDRESS		EMAIL
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CITY	STATE	ZIP	MOBILE
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### EDUCATION

HIGHEST LEVEL EDUCATION	DIPLOMA/DEGREE	NAME OF LAST SCHOOL ATTENDED
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POSITION APPLYING FOR

NURSING LICENSE NO.	STATE	EXPIRATION DATE
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NURSE AIDE CERTIFICATION NO.	AVAILABLE SHIFTS <input type="checkbox"/> DAY <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT
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NAME OF ANY RELATIVE AND/OR RELATIONSHIP WORKING HERE

### AN EQUAL OPPORTUNITY EMPLOYER

THE FEDERAL, STATE AND NEW YORK CITY LAWS PROHIBIT DISCRIMINATION DUE TO AN EMPLOYEE'S SEXUAL ORIENTATION, AGE, RACE, COLOR, CREED, RELIGION, MARITAL STATUS, NATIONAL ORIGIN, HANDICAP PURSUENT TO THE REQUIREMENTS OF THE AMERICANS WITH DISABILITIES ACT AND CITIZENSHIP.

### EMPLOYMENT HISTORY LIST BELOW YOUR WORK EXPERIENCE, STARTING WITH YOUR PRESENT OR LAST PLACE OF EMPLOYMENT.

DATE EMPLOYED

FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER

POSITION HELD	NAME OF SUPERVISOR	REASON FOR LEAVING
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DATE EMPLOYED

FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER

POSITION HELD	NAME OF SUPERVISOR	REASON FOR LEAVING
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### APPLICANT'S STATEMENT

THE ABOVE INFORMATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT DISCOVERY OF MISREPRESENTATION OR OMISSION OF FACTS HEREIN WILL BE CAUSE FOR IMMEDIATE DISMISSAL. I FURTHER AGREE TO COMPLY WITH ALL RULES AND REGULATIONS AND RULES OF CONDUCT OF THE NEW YORK REHABILITATION CENTER. I AUTHORIZE THIS CARE CENTER TO CONTACT ANY AND/OR ALL MY REFERENCES FOR FULL INFORMATION. I UNDERSTAND THAT I MUST FURNISH PROOF OF EMPLOYMENT ELIGIBILITY AS REQUIRED BY THE U.S. DEPARTMENT OF IMMIGRATION AND NATURALIZATION, IMMIGRATION REFORM AND CONTROL ACT OF 1986, UPON NOTIFICATION OF HIRE. I UNDERSTAND THAT I MUST COMPLY WITH ANY PHYSICAL EXAMINATION REQUIREMENTS OF THE INSTITUTION.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_