

Pine Haven Nursing & Rehabilitation Center

201 Main St., P.O. Box 785

Philmont, NY 12565

(518) 672-7408 – Phone

(518) 672-7124 - Fax

APPLICATION FOR EMPLOYMENT

Today's Date: _____

PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	SOCIAL SECURITY #:
OTHER NAMES BY WHICH YOU ARE KNOWN, FOR EXAMPLE: MAIDEN NAME, MARRIED NAME(S), LEGALLY CHANGED NAME(S), ALIASES, ETC:					
STREET ADDRESS:			CITY:	STATE:	ZIP CODE:
HOME PHONE:		CELL PHONE:		ALTERNATE PHONE:	
E-MAIL ADDRESS:			IF YOUNGER THAN 18, STATE YOUR DATE OF BIRTH:		
LENGTH OF TIME AT ABOVE ADDRESS: _____ YEARS _____ MONTHS (IF LESS THAN 2 YEARS, PLEASE LIST PREVIOUS ADDRESS BELOW):					
STREET ADDRESS:			CITY:	STATE:	ZIP CODE:

In accordance with the Immigration and Reform Control Act of 1986, the Facility will employ only persons legally authorized to work in the United States. **Are you legally eligible to work in the U.S.A.?** YES NO
 Employment is conditional on providing proof of eligibility within 3 days of employment.

EMPLOYMENT INTEREST

FOR WHAT POSITION ARE YOU APPLYING?		HOW DID YOU HEAR ABOUT US?	
RELATED SKILLS:			
WHAT TYPE OF JOB ARE YOU LOOKING FOR? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM		IF PART TIME, WHAT DAYS/HOURS ARE YOU AVAILABLE?	
WHAT SHIFT(S) ARE YOU AVAILABLE? <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD		CAN YOU ROTATE SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

NAME	LOCATION	COURSE	DATES ATTENDED	LAST GRADE COMPLETED	DEGREE OR CERTIFICATE
HIGH SCHOOL OR G.E.D.:					
VOCATIONAL SCHOOL:					
COLLEGE:					
OTHER:					

PROFESSIONAL LICENSURE

PROFESSIONAL REGISTRATION, LICENSE OR CERTIFICATION:		NUMBER:	EXPIRATION DATE:	CITY/STATE:
IF PROFESSIONAL REGISTRATION, LICENSE OR CERTIFICATION IS FROM ANOTHER STATE, HAVE YOU CONTACTED THE APPROPRIATE AUTHORITIES TO CONVERT LICENSURE TO NEW YORK? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU HAD ANY INVESTIGATIONS ON YOUR CERTIFICATION OR LICENSE IN THE PAST 10 YEARS: <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES – PLEASE EXPLAIN:				

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CRIMINAL BACKGROUND HISTORY

Have you been convicted of a misdemeanor or felony? Yes No

IF SO, PLEASE LIST THE DATE OF CONVICTION, WHETHER IT WAS A MISDEMEANOR OR FELONY AND THE OFFENSE FOR WHICH YOU WERE CONVICTED?

Please note that NY law requires any unlicensed person who has physical access to a resident's living quarters, or any unlicensed person providing face-to-face care, submit to a criminal history background check. Please note the law prohibits individuals with certain criminal convictions, including a felony conviction at any time for a sex offense, a felony conviction within the past 10 years involving violence, or a conviction for endangering the welfare of an incompetent or physically disabled person, or a conviction of certain other felonies, from having access to a resident's living quarters or providing face-to-face care to residents. Pine Haven will comply with all of its obligations pertaining to criminal history background checks under New York Law.

EMPLOYMENT HISTORY

COMPLETE THE FOLLOWING INFORMATION ACCURATELY AND COMPLETELY BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT. INCLUDE PERIODS OF SELF-EMPLOYMENT AND UNEMPLOYMENT. A RESUME MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUESTED BELOW BUT MAY BE ATTACHED TO PROVIDE ADDITIONAL INFORMATION. DO NOT INCLUDE MILITARY SERVICE.

1	COMPANY NAME:	TELEPHONE NUMBER: ()
	ADDRESS:	DATES OF EMPLOYMENT: FROM: To:
	NAME OF SUPERVISOR:	SALARY OR PAY RATE/HR: \$
	STATE POSITION TITLE AND DUTIES:	REASON FOR LEAVING:
2	COMPANY NAME:	TELEPHONE NUMBER: ()
	ADDRESS:	DATES OF EMPLOYMENT: FROM: To:
	NAME OF SUPERVISOR:	SALARY OR PAY RATE/HR: \$
	STATE POSITION TITLE AND DUTIES:	REASON FOR LEAVING:
3	COMPANY NAME:	TELEPHONE NUMBER: ()
	ADDRESS:	DATES OF EMPLOYMENT: FROM: To:
	NAME OF SUPERVISOR:	SALARY OR PAY RATE/HR: \$
	STATE POSITION TITLE AND DUTIES:	REASON FOR LEAVING:

Applicant Signature: _____ Date: _____