

THIS IS A DRUG FREE WORKPLACE. ALL APPLICANTS ARE SUBJECT TO DRUG TESTING.

Please print clearly in blue/black INK only. Please read carefully and complete ALL information.

**PERSONAL INFORMATION**

Last Name		First Name		Middle	
Street Address		Apt. #	City		State Zip
Home Phone Number ( ) ( )		Cell Phone Number ( ) ( )		E-mail Address	

**POSITION INFORMATION/REQUESTS**

Position(s) Applying For		Salary Request	
<b>Shift(s) Request</b> <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> night		<b>Day(s) Available to Work</b> <i>Select as many as applicable</i> <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thu	
<b>Status Request</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN			

**REFERRAL INFORMATION**

<b>Referral Source</b> <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Current Company Employee * _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk In <input type="checkbox"/> Other	
<b>*Employee Referral Program</b> *If a current company employee referred you please indicate their name in the box below.	
Last Name	First Name

**QUESTIONS**

Have you completed an application for employment here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes - From ___ / ___ / ___
Have you been employed by our company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes - From ___ / ___ / ___ To ___ / ___ / ___
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes - Where? _____
May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date are you available for work?	___ / ___ / ___
If you are less than 18 years of age, do you have a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Are you legally authorized to work in the United States? (If hired, verification will be required consistent with federal law.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any Employee of Achieve Rehab & Nursing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Who? _____

**REFERENCES**

	Name	Relationship	Telephone
1.			
2.			
3.			

**EDUCATION INFORMATION**

Education Level	Name/Location of School	Course of Study or Major	Graduated or Attained Degree?
Elementary School:			<input type="checkbox"/> Yes <input type="checkbox"/> No
High School or G.E.D. equivalent:			<input type="checkbox"/> Yes <input type="checkbox"/> No
College:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade/Other Training:			<input type="checkbox"/> Yes <input type="checkbox"/> No

**PROFESSIONAL LICENSES/CERTIFICATES**

	Type	License Number	Date Issued	Issued by Organization/State
1.				
2.				
3.				
4.				

**EMPLOYMENT HISTORY**

	Employer's Name/Address/Phone	Position(s)	From (MM/YY)	To: (MM/YY)	Annual Salary	Reason for Leaving
1.						
2.						
3.						
4.						

**BACKGROUND INFORMATION**

<p>Have you ever been convicted of a crime?  <b>Pennsylvania Applicants:</b> You should answer "No Record" with respect to any conviction for a misdemeanor or summary offense.</p> <p>Have you ever been discharged, suspended or asked to resign from any position?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No Record</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p>If "Yes", please describe in full detail (A conviction record will not necessarily be a bar to employment):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If "Yes", please describe in full detail:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**APPLICANT'S CERTIFICATION – Please read carefully before signing.**

I hereby certify that all answers on this application are true and correct to the best of my knowledge and belief. I understand that misrepresentation will be considered as just cause for rejection of this application or dismissal from employment. I understand and agree that, if employed, such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract, but is at will subject to any applicable collective bargaining agreement (CBA).

We conduct our business with the highest possible degree of safety and efficiency. Because of this, we require all applicants to undergo urinalysis screening for drug use as part of a pre-employment physical examination. Successful completion of a pre-employment physical exam, which includes completion of a medical history questionnaire, and testing for drugs, is required for employment. I acknowledge that refusing to submit to such screening will cause my application for employment to be rejected.

"If I test positive for drugs I will not be hired".

The company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, creed, sexual orientation, religion, national origin, handicap, marital status, veteran status, medical condition, predisposing genetic characteristics, disability or any other legally protected status. We assure you that your opportunity for employment depends solely upon your qualifications.

**All Positions are temporary pending a favorable determination from the New York State Department of Health, CHRC Unit. I also understand that no representative of the employer has the authority to make any assurances to the contrary.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*This company is an equal opportunity employer. All applicants will be considered without discrimination of race, color, age, sex, creed, sexual orientation, religion, national origin, handicap, marital status, veteran status, medical condition, predisposing genetic characteristics, disability or any other legally protected status.*



**Reference Request Form**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_

Position Held: \_\_\_\_\_

\_\_\_\_\_

Dates Employed: \_\_\_\_\_

**I hereby authorize the release of any information regarding my previous employment to Achieve Rehab and Nursing Facility.**

\_\_\_\_\_  
Signature

Dear Sir or Madam,

The above named applicant has applied for a position at our facility. The applicant states the he / she was employed by you on the above referenced date.

We would appreciate your comments regarding this applicant and we assure you that any information received will be held in the strictest confidence.

Sincerely,

HR Department

**PROFESSIONAL REFERENCE: TELEPHONE / WRITING (CIRCLE ONE)**

Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Eligible for rehire: \_\_\_\_\_

If not, please state reason: \_\_\_\_\_

Is there currently an ongoing investigation of abuse, neglect or misappropriation of resident property that involves this applicant? \_\_\_\_\_

**PERSONAL REFERNCE: TELEPHONE / WRITING (CIRCLE ONE)**

Relationship to Applicant: \_\_\_\_\_

Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_

Position Held: \_\_\_\_\_

\_\_\_\_\_

Dates Employed: \_\_\_\_\_

**I hereby authorize the release of any information regarding my previous employment to Achieve Rehab and Nursing Facility.**

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