

**BROOKSIDE MULTICARE NURSING CENTER**

**APPLICATION FOR EMPLOYMENT**

Brookside Multicare Nursing Center is an Equal Employment Opportunity Employer that does not discriminate in hiring or employment on that basis of race, creed, color, religion, gender, sexual orientation, marital status, results of genetic testing, national origin, age, disability, status as a veteran, Vietnam Era Veteran or being a member of the Reserves or National Guard

**Incomplete applications will not be considered.**      **Today's Date:** \_\_\_\_\_

**PERSONAL INFORMATION.**

<b>Name:</b>				
Last:	First:	Middle Initial:		
<b>Address:</b>				
Street:	Apt #:			
City:	State,	Zip:		
Telephone:	Soc. Sec. No.:			
			YES	NO
1.	Are you 18 years of age or over?			
2.	Do you possess a High School Diploma?			
3.	Are you able to perform the essential functions of the position for which you applied, with or without reasonable accommodations?			
4.	Are you eligible to work in the United States?			
5.	Are any of your relatives employed in this facility?			
6.	Have you ever been employed by Brookside Multicare, Avalon Gardens, The Lutheran Center for the Aging or another Optima Care facility?			
7.	Have you ever been convicted of a crime, pled guilty or no contest to a crime (Felony or misdemeanor) in any state or other jurisdiction?			
8.	Have you ever been charged with a crime (felony or misdemeanor) in any state or other jurisdiction, the disposition of which was other than acquittal or dismissal?			
9.	Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country?			
10.	Are charges pending against you for professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country?			
11.	Has any hospital, nursing home or licensed facility restricted or terminated your professional training, employment, or privileges, or have you ever voluntarily resigned or withdrawn from such association to avoid imposition of such measures?			
13.	Have you ever entered into a stipulation of settlement or similar document to settle a charge relating to professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country?			
If you answered "yes" to question numbers five through thirteen, please specify:				

**JOB INTEREST**

What position are you applying for? \_\_\_\_\_

Full time       Part time

How were you referred to Brookside Multicare? \_\_\_\_\_

Shift Preference:  Days  Evenings  Nights      When will you be available to start work? \_\_\_\_\_

Salary Desired: \_\_\_\_\_

**WORK HISTORY**

Company Name: \_\_\_\_\_ Position held: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address:

Street: \_\_\_\_\_ Telephone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position held: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address:

Street: \_\_\_\_\_ Telephone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position held: \_\_\_\_\_

Dates of Employment: from: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address:

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EDUCATION**

1. School Name: \_\_\_\_\_ Major/emphasis: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# of years completed \_\_\_\_\_ Degree Earned: \_\_\_\_\_

School Name: \_\_\_\_\_ Major/emphasis is: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# of years completed \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**SKILLS**

Type of Professional License/Certification: \_\_\_\_\_ License/Certification #: \_\_\_\_\_

List Computer Skills/Programs: \_\_\_\_\_

Typing (WPM): \_\_\_\_\_

List other applicable skills: \_\_\_\_\_

**EACH STATEMENT MUST BE INITIALED BY APPLICANT TO BE COMPLETE**

- In consideration of my employment, I agree to conform to the rules, regulations and policies of Brookside Multicare Nursing Center. I understand that my employment can be terminated at any time and for any reason, at the option of either Brookside Multicare Nursing Center or myself. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative from the facility.

**Your initials:** \_\_\_\_\_

- I understand that all job offers are contingent upon the completion of and outcome of a criminal background investigation, including fingerprinting requirements as mandated by New York State Commissioner of Health under 10 NYCRR through sections 400.23, 763.13, 766.11 and 18 NYCRR 505.14 I further understand that it is Brookside Multicare's policy to check applicant names against the New York State Nurse Aide Registry and against various states Sex Offender Registries.

**Your initials:** \_\_\_\_\_

- I hereby authorize people, schools, my current employer (if applicable) and previous employers and organizations written in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision. Information may relate to character, general reputation or personal characteristics.

**Your initials:** \_\_\_\_\_

- I understand that if employment is offered, such employment will be dependent upon providing a health assessment compliant with NYS Department of Health Code that may include blood work or required test for tuberculosis.

**Your initials:** \_\_\_\_\_

- I acknowledge that I am free from alcohol and/or illegal drug use. I also acknowledge that I am free from of any mental or emotional impairment that would interfere with resident care or the performance of my job duties.

**Your initials:** \_\_\_\_\_

- I hereby certify that the information provided on the application (and accompanying resume, if any) is true and complete. I understand that any false or misleading information may disqualify me from further consideration for employment and may result in discharge if false information is revealed at a later date.

**Your initials:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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