



BROOKSIDE MULTICARE CENTER

APPLICATION

For Employment at
7 Route 25A
Smithtown, New York 11787

An Optima Care Facility



Please complete the application and email it to Michelle Clark at MClark@brooksidemulticare.com

BROOKSIDE MULTICARE CENTER

APPLICATION FOR EMPLOYMENT

Brookside MultiCare Center is an Equal Opportunity Employer that does not discriminate in hiring or employment on the basis of race, creed, color, religion, gender, sexual orientation, martial 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.

Note: Incomplete applications will not be considered Today Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

PLEASE ANSWER THE FOLLOWING: YES OR NO

1. Are you 18 years of age or over? _____
2. Do you have 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. Do you have any relatives currently employed in this facility? _____
6. Have you ever been employed by Brookside MultiCare Center 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, where disposition of which was other than an acquittal or dismissal? _____
9. Have you ever surrendered your license (professional) or been found guilty of professional misconduct, unprofessional or unethical conduct, incompetence or negligence in any state or country? _____
10. Do you have any 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restricted or terminated you professional training, employment, or privileges, or have you ever voluntarily resigned or withdrawn from such association to avoid imposition of such measures? _____
12. 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 any questions 5 through 12 please specify:

JOB INTREST

What position are you applying for? _____ Desired Salary: _____

Shift Preference: Days Evenings Nights

Work Preference: Full Time Part Time Per-Diem

How were you referred to Brookside MultiCare? _____

WORK HISTORY

Company Name: _____

Address: _____

Position Held: _____ Dates of Employment: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Position Held: _____ Dates of Employment: _____

Reason for leaving: _____

EDUCATION

High School Name: _____

Street Address: _____

of years completed: _____ Degree Earned: _____

College/Trade School Name: _____

Address: _____

of years completed: _____ Degree Earned: _____

Additional Degrees or Certifications: _____

PLEASE READ, INITIAL, AND SIGN THE FOLLOWING:

1. In consideration of my employment, I agree to conform to the rules, regulations and policies of Brookside MultiCare Center. I understand that my employment can be terminated at any time and for any reason, at the option of either Brookside MultiCare 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: _____

2. 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 Nurses Aide Registry and against various state Sex Offender Registries.

Your Initials: _____

3. 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: _____

4. 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: _____

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

Your Initials: _____

6. 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: _____

I certify that the above information on this application to be true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Please make sure you have filled out the application in its entirety!