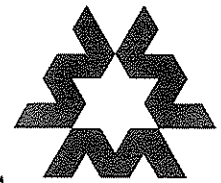


Application For Employment



MONTEFIORE
Choices in Healthcare and Senior Living

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For				Date of Application	
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Relative (Name) _____	
<input type="checkbox"/> Employee (Name) _____			<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name	
Address Number	Street	City	State	Zip Code	
Home Phone		Cell Phone		Social Security Number	
Email Address					

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are any of your relatives working here? Yes No

If yes, give name _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

Do you prefer to work: Full Time Part Time Weekends PRN What Shift? _____

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	

Professional Licenses

Type _____ Number _____

Are you
a state tested nursing assistant?

Yes _____ No _____

If yes:

Issue date: _____

If no:

Completed training program: _____

Test date: _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I understand that all information furnished by me is certified to be true. All information is subject to verification. I understand that any misrepresentation or falsification of information requested herein will be cause for rejection of this application or for subsequent discipline up to and including dismissal from employment. I understand I may be required to submit to a pre-employment/post offer physical examination to determine my physical ability to perform my job.

I further understand that my employment or continuation thereof is contingent upon the results of a drug screening analysis for substance abuse. The results of such analysis may be grounds for disqualifying me or terminating my employment.

I authorize Montefiore to verify any information concerning my previous employment (except as indicated above), education, medical history, or criminal record with appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as Montefiore requires, including medical records, school records, employment records, and criminal records, without any obligation to give me written notice of such disclosure.

I further understand that, subject to any labor agreement, my employment is not guaranteed for any term, and that my employment may be terminated by Montefiore or myself for any reason at any time in accordance with Terms and Conditions of the Collective Bargaining Agreement. I further understand that as a non union employee the at-will nature of my employment may only be altered in writing, signed and approved by the CEO of Montefiore. Finally, I agree that my employment is conditional until such time as the results of my pre-employment physical and drug test are known.

Signature of Applicant

Date

For Administrative Use Only

Rate of Pay: _____

Unit: _____

Shift: _____

No. of Hours: _____

Position: _____

Authorization / Release for Criminal and Employment Records

I hereby authorize Montefiore to verify any information concerning my previous employment, education, medical history, or criminal record with appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as Montefiore requires, including medical records, school records, employment records, and criminal record, without any obligation to give me written notice of such disclosure.

I authorize Montefiore to verify and obtain any and all criminal records information concerning felony convictions. This is in conjunction with Senate Bill 160 in which the home is required to perform a felony/misdemeanor background check via fingerprinting and the BCI&I

Applicant Signature

Date

Print Name

List any Previous Names

Social Security Number

Date of Birth (disclosure optional until job offer is made)