

GRANDELL REHABILITATION & NURSING CENTER
645 West Broadway
Long Beach, New York 11561

APPLICATION

Employee Name: _____

Position Applying For: _____

Phone # _____

Dept./Unit: _____

√	FOR NON-NURSING PERSONNEL
	Resume (If applicable)
	Employee Application Form
	Copies of 2 necessary documents verifying educational or professional license, social security, passport, etc. registration, etc.
	Pre-Employment Personal Health Clearance Form completed, (Physical)
	Immunization Records (Measles, Mumps, Rubella, and Titers)
	PPD Test and Result, If Positive, please provide copy of Chest X-ray Report
	2 Professional Reference Forms filled out

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

FOR OFFICE USE ONLY	
Work Location	Rate
Position	Date

PERSONAL

Date _____

Name _____ Social Security No. _____

Last First Middle

Present address _____ Telephone No. _____

No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes ____ No ____ (If yes, verification will be required.)

Are you of the legal age to work? _____

Position(s) applied for _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____ 19____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List below present and past employment, beginning with your most recent

I

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Describe the work you did:								
Telephone								

II

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Describe the work you did:								
Telephone								

III

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Describe the work you did:								
Telephone								

IV

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Describe the work you did:								
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

If there is particular employer(s), you do not wish us to contact, please indicate which one(s) _____

REFERENCES (include employers, former employers, and professional associates)

Name and Occupation	Address	Phone Number

Indicate name, address and telephone number of person to be contacted in case of emergency _____

List any friends or relatives working for us _____ (Names)

