



## APPLICATION FOR EMPLOYMENT

*It is the policy of Momentum at South Bay for Rehabilitation & Nursing to provide employment training, compensation, promotion and other conditions of employment without discrimination on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

Note: Please be advised that upon offer of employment you will be required to submit the following documentation:

- ❖ Proof of eligibility to work in the United States
- ❖ Two forms of Identification (Driver License, Social Security Card, Passport, Birth Certificate, etc.)
- ❖ Current Physical Examination, including proof of Free from Tuberculosis
- ❖ Immunizations (Measles, Mumps, Rubella)
- ❖ Two Professional References

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### OFFICE USE ONLY

Position Offered:  YES  NO

Status:  FT  PT  Per-Diem

Shift:  7-3  3-11  11-7  Other: \_\_\_\_\_

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

Momentum At South Bay for Rehabilitation and Nursing

Date of Application \_\_\_\_\_

Position Applied For \_\_\_\_\_ Referral Source  Advertisement  Friend  Relative  Other \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alt Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Notify in case of Emergency: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you 18 years or older?  Yes  No

Are you a Citizen of the US?  Yes  No Can you provide verification of your legal right to work in the US?  Yes  No

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work record? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Have you been employed here previously?  Yes  No Dates \_\_\_\_\_ Have you applied here before?  Yes  No

Are you available to work?  Full Time  Part Time  Per-Diem (Specify days and hours if Part Time \_\_\_\_\_)

List any friends or relatives working for us \_\_\_\_\_

Are you capable of satisfactory performing the jobs(s) you which you are applying?  Yes  No

If not please explain: \_\_\_\_\_

Reason for desiring change of employer \_\_\_\_\_

What method of transportation will you use to get to work? \_\_\_\_\_

Have you been convicted of a crime  Yes  No. A conviction will not automatically disqualify for employment. If yes, give details: \_\_\_\_\_

Momentum At South Bay for Rehabilitation and Nursing

**EDUCATIONAL BACKGROUND**

**High School/Equivalent**

Name: \_\_\_\_\_ Town and State: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?  Yes  No

**College/Business/Technical**

Name: \_\_\_\_\_ Town and State: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?  Yes  No

Degree/Certification received: \_\_\_\_\_

Name: \_\_\_\_\_ Town and State: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?  Yes  No

Degree/Certification received: \_\_\_\_\_

Are there any other experiences, skills, certifications or qualifications which you feel would especially fit you for work with our organization?

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

Give two personal references who are mature persons of good standing in their community, and who have known you for the past FIVE years or more. DO NOT give relatives, your doctor, former employers or fellow employees.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Number of years acquainted: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Alt #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Number of years acquainted: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Alt #: \_\_\_\_\_

Momentum At South Bay for Rehabilitation and Nursing

**EMPLOYMENT HISTORY**

*Account for all periods of employment for the past ten years, beginning with your present or most recent position*

Employer Name & Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Starting/Final Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

May we contact your previous supervisor for a reference?  Yes  No

Employer Name & Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Starting/Final Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

May we contact your previous supervisor for a reference?  Yes  No

Employer Name & Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Starting/Final Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

May we contact your previous supervisor for a reference?  Yes  No

Employer Name & Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Starting/Final Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

May we contact your previous supervisor for a reference?  Yes  No

Please explain any gaps in employment history: \_\_\_\_\_

**EMPLOYMENT UNDERSTANDING AND ACKNOWLEDGEMENT**

1. I voluntarily give Momentum at South Bay for Rehabilitation & Nursing the right to conduct a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.
2. I understand that as a condition of employment, I will be required to take a pre-employment physical examination, and that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.
3. I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States. If employed, I will have to show satisfactory evidence of identity and eligibility for employment at orientation.
4. I understand that my employment is "at will" and that either party is free to terminate the employment relationship at any time without cause. I further understand that if my employment should be terminated, the obligation of the facility to pay salary or wages to be shall end with the last date actually worked by me.
5. I certify that all statements made in the foregoing application are true and complete to the best of my knowledge, and the facility may investigate such statements. I understand that if employed, falsified statements or omission of facts appearing on the application shall be considered sufficient cause for dismissal, if discovered at a later date.
6. I further understand that if I:
  - fail to answer any question
  - falsify that answer to any question
  - enter misleading answers to any question or
  - fail to provide information which might make any of my answers on this application misleadingthat this alone may result in a refusal to hire me or in my immediate discharge if I am hired. I further understand that if I am not employed within 6 months and I desire to be considered further for employment, I must file a new application.

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Signature of Applicant

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Date

**AFFIRMATION OF APPLICANT FOR PROVISIONAL EMPLOYMENT**

I, \_\_\_\_\_ hereby state as follows:

1. I acknowledge that prior to being offered provisional employment with Momentum at South Bay for Rehabilitation and Nursing, pursuant to the NYS Department of Health's Criminal History Record Checks Regulations set forth under Title 10, Section 400.23 of the New York Code of Rules and Regulations ("Criminal History Regulations"), employment offers are contingent upon the afore mentioned information. I must complete this statement
2. I certify that (Please check one)
  - There have been no prior findings by any governmental agency or regulatory body of patient or resident abuse against me, nor do I have any open criminal charges and/or been convicted of a crime or violation other than a traffic infraction.
  - There has been a prior finding of patient or resident abuse against me by a governmental agency or regulatory body, and/or I have been charged and/or convicted of a crime or violation other than a traffic infraction, as explained below  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I understand that as a part of satisfying the requirements of the Criminal History Regulations, the Attorney General of the United States will conduct a full search of all the records of the Federal Bureau of Investigation to ascertain if I have any record of a criminal conviction. If the search reveals I have been convicted of certain enumerated crimes, my employment with Momentum at South Bay for Rehabilitation and Nursing will be terminated.

I have read the above statements. I fully understand its contents and I certify it is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Release Reference Authorization**

I am applying for a job at Momentum at South Bay for Rehabilitation & Nursing which provides health care to the public. I recognize said facility has the goal of dispensing quality care to members of the community and therefore has the responsibility of hiring competent personnel of high character and integrity. I understand that the facility and its personnel to make a knowledgeable decision regarding my application for employment must check with prior employers. I consent to and authorize the facility and its personnel to ask any of the references I note in my employment record(s)

*I further authorize said prior employers and references to disclose and all relevant information to Momentum at South Bay for Rehabilitation & concerning any prior employment record and other pertinent information.*

Job Applicant's Signature: \_\_\_\_\_

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