METHODIST HOME FOR NURSING AND REHABILITATION 4499 Monhatton College Parkway, Piyordala, New York 10471

4499 Manhattan College Parkway, Riverdale, New York 10471

APPLICATION FORM

			DATE:		
	POSITION APPLIED FOR:				
	SOCIAL SECURITY NUMBER:				
ERSONAL INFO	RMATION:				
NAME:					
	Last	First		Middle	
ADDRESS:					
	Street	City	State Z	Zip Telephone	
EMAIL ID:					
If you are under 18 y	vears of age, can you prov	ide required proof of your	eligibility to work?	s 🛛 No	
Have vou ever been	employed with us before?	If Yes, please give date:		s 🔲 No	
Are you prevented fr (Proof of Citizens	om lawfully becoming emp ship or Immigration status	oloyed in this country beca will be required upon emp	bloyment)		
Are you prevented fr (Proof of Citizens On what date would	rom lawfully becoming emp ship or Immigration status you be available to work?	oloyed in this country beca will be required upon emp	oloyment) 🔲 Ye	s 🖵 No	
Are you prevented fr (Proof of Citizens On what date would Are you available to	rom lawfully becoming emp ship or Immigration status you be available to work?	oloyed in this country beca will be required upon emp	bloyment)		
Are you prevented fr (Proof of Citizens On what date would	rom lawfully becoming emp ship or Immigration status you be available to work?	oloyed in this country beca will be required upon emp	oloyment) 🔲 Ye	s 🖵 No	
Are you prevented fr (Proof of Citizens On what date would Are you available to	rom lawfully becoming emp ship or Immigration status you be available to work?	oloyed in this country beca will be required upon emp	oloyment) 🔲 Ye	s 🗖 No	
Are you prevented fr (Proof of Citizens On what date would Are you available to DUCATION: School Name	rom lawfully becoming emp ship or Immigration status you be available to work? work:	ployed in this country beca will be required upon emp Part-Time	Doloyment) Yes Shift Work Undergraduate	s 🔲 No Temporary Graduate /	
Are you prevented fr (Proof of Citizens On what date would Are you available to DUCATION: School Name and Location:	Form lawfully becoming emp ship or Immigration status you be available to work? work:	ployed in this country beca will be required upon emp Part-Time High School	Undergraduate College/University	s 🔲 No Temporary Graduate / Professional	

Computer Proficient:	Office Machines Used:	
MS Office Knowledge:		
-		

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

EMPLOYMENT EXPERIENCE:

Employer:		Dates E	mployed	Work Performed
Address:		From	То	
Telephone(s):				
Job Title:	Supervisor:		<u> </u>	
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
Address:		From	То	
Telephone(s):				
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates E	mployed	Work Performed
Address:		From	То	
Telephone(s):				
Job Title:	Supervisor:			
Reason for Leaving:				

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

SPECIAL SKILLS AND QUALIFICATIONS:

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

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements in this application for employment as may be necessary to arrive at an employment decisiton.

I understand that any offer of employment is subject to the receipt of satisfactory references and passing a physical examination.

I, hereby, understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the *Employee* may resign at any time and the *Employer* may discharge *Employee* at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the *Employer*.

Signature of Applicant: