



PATHWAYS

NURSING & REHABILITATION CENTER

APPLICATION FOR EMPLOYMENT

Thank you for applying for employment at Pathways Nursing and Rehabilitation Center. Our commitment to providing quality health care services to our residents is accomplished through a professional, experienced, qualified, dedicated and loyal staff. Once you have completed your application please submit it to either the Receptionist or Human Resources Department.

PLEASE NOTE THAT APPLICATION WILL ONLY BE CONSIDERED IF THEY ARE COMPLETE

NAME:

POSITION:

PATHWAYS NURSING AND REHABILITATION CENTER

APPLICATION FOR EMPLOYMENT

Pathways Nursing and Rehabilitation center is an Equal Employment Opportunity Employer that does not discriminate in hiring or employment on the basis of race, creed, color, gender, sexual orientation, marital 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.

TODAYS DATE: _____

PERSONAL INFORMATION

LAST NAME:	FIRST:	M.I.
STREET:	APT #	
CITY:	STATE:	ZIP:
TELEPHONE:	LAST 4 OF S.S.N:	

PLEASE CHECK YES OR NO FOR THE FOLLOWING:	YES	NO
1. ARE YOU 18 YEARS OF AGE OR OVER?		
2. DO YOU POSSESS 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. ARE ANY OF YOUR RELATIVES EMPLOYED IN THIS FACILITY?		
6. HAVE YOU EVER BEEN EMPLOYED BY PATHWAYS OR NORTHWOODS?		
7. HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLEAD 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, THE DISPOSITION OF WHICH WAS OTHER THAN ACQUITTAL OR DISMISSAL?		
9. HAVE YOU EVER SURRENDERED YOUR LICENSE OR BEEN FOUND GUILTY OF PROFESSIONAL MISCONDUCT, UNPROFESSIONAL OR UNETHICAL CONDUCT, INCOMPETENCE OR NEGLIGENCE IN ANY STATE OR COUNTRY?		
10. ARE 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RESTRICTED OR TERMINATED YOUR PROFESSIONAL TRAINING, EMPLOYMENT, OR PRIVILEGES OR HAVE YOU EVER VOLUNTARILY RESIGNED OR WITHDRAWN FROM SUCH ASSOCIATION TO AVOID IMPOSITION OF SUCH MEASURES?		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 HAVE ANSWERED "YES" TO QUESTIONS 5 THROUGH 12
PLEASE SPECIFY ON INSERTED PAGE.**

Full Time Part Time

How did you hear about Pathways?

Shift Preference: Mornings Evenings Nights Starting Date:

IF YOU HAVE A RESUME PLEASE PLACE INSIDE

WORK HISTORY

Company Name: Position Held:

Date of employed From: To: Reason for leaving:

Street: Telephone:

City: State: Zip:

Company Name: Position Held:

Date of employed From: To: Reason for leaving:

Street: Telephone:

City: State: Zip:

Company Name: Position Held:

Date of employed From: To: Reason for leaving:

Street: Telephone:

City: State: Zip:

EDUCATION

School Name: Major/emphasis

Address: Telephone

City: State: Zip:

Of Years Completed Degree Earned:

School Name: Major/emphasis

Address: Telephone

City: State: Zip:

Of Years Completed Degree Earned:

Type of Professional License/Certification: License/Cert #:

EACH STATEMENT MUST BE INITIALED BY APPLICANT TO BE COMPLETE

- In consideration of my employment, I agree to conform to the rules, regulations and policies of Pathways Nursing and Rehabilitation Center. I understand that my employment can be terminated at any time for any reason, at the option of either Pathways Nursing and Rehabilitation 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.

INITIALS: _____

- 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 Pathways' policy to check applicant names against the New York State Nurse Aide Registry and against various states Sex Offender Registries.

INITIALS: _____

- 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.

INITIALS: _____

- 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.

INITIALS: _____

- 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.

INITIALS: _____

- 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

INITIALS: _____

Signature _____

Date _____