

North Westchester Restorative Therapy and Nursing Center
Mohegan Lake, New York

Dear Applicant:

Thank you for your interest in North Westchester Restorative Therapy and Nursing Center.

Attached for completion is an Application for Employment as well as other paperwork including one Personal and two Professional Reference Request forms. Please be sure to complete the name, address and telephone number of your Personal Reference Request form and on the Professional Reference Request forms (2), please indicate current and/or former employers, not individual names since we will be contacting the Human Resources Departments of these employers. Please sign and date each form in the space provided at the bottom of each form.

We look forward to meeting with you.

Thank you.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department (914) 528-2000

Position(s) applied for _____ Date of application ____/____/____
Name _____
Address Last First Middle Social Security # _____
Telephone # () _____ Street _____ City _____ State _____ Zip Code _____
Mobile/Beeper/Other # () _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work permit?.....[] Yes [] No
If no, please explain _____
Have you ever been employed here before? If yes, give dates and positions.....[] Yes [] No
Are you legally eligible for employment in this country?.....[] Yes [] No
Date available to work...../____/____ What is your desired salary range?.....\$ _____
Type of employment desired [] Full-Time [] Part-Time [] Temporary [] Seasonal [] Educational Co-Op
Driver's license number if driving may be required in position for which you are applying _____ State _____
Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?.....[] Yes [] No
If yes, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer _____ Telephone # _____
Street address _____ City _____ State _____ Dates employed: Month Year to Month Year
Starting job title/final job title _____ Compensation (starting) \$ _____ per
[] Hourly [] Salary

Immediate supervisor and title (for most recent position held) May we contact for references? [] Yes [] No [] Later
Why did you leave? _____ Compensation (final) \$ _____
Summarize the type of work performed and job responsibilities. _____ Commission/Bonus/Other Compensation \$ _____
What did you like most about your position? _____
What were the things you liked least about the position? _____

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Street address _____ City _____ State _____ Dates employed: Month Year to Month Year
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Why did you leave? _____ Compensation (final) \$ _____
Summarize the type of work performed and job responsibilities. _____ Commission/Bonus/Other Compensation \$ _____
What did you like most about your position? _____
What were the things you liked least about the position? _____

EDUCATIONAL BACKGROUND

Starting with our most recent school attended, provide the following information.

School (include City & State)

Years Completed	Completed	GPA Class Rank	Major/Minor
<input type="checkbox"/> Diploma <input type="checkbox"/> GED			
<input type="checkbox"/> Degree			
<input type="checkbox"/> Certification			
<input type="checkbox"/> Other			
<input type="checkbox"/> Diploma <input type="checkbox"/> GED			
<input type="checkbox"/> Degree			
<input type="checkbox"/> Certification			
<input type="checkbox"/> Other			
<input type="checkbox"/> Diploma <input type="checkbox"/> GED			
<input type="checkbox"/> Degree			
<input type="checkbox"/> Certification			
<input type="checkbox"/> Other			

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

STATE AND FEDERAL LAW PROHIBITS DISCRIMINATION BASED ON RACE, CREED, COLOR, AGE, NATIONAL ORIGIN, HANDICAP, SEX, RACE, MARITAL STATUS OR SEXUAL PREFERENCE

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, organizations for furnishing such information about me.

any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant

Date / /

STATE AND FEDERAL LAW PROHIBITS DISCRIMINATION BASED ON RACE, CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, MARITAL STATUS OR SEXUAL PREFERENCE

NORTH WESTCHESTER RESTORATIVE THERAPY AND NURSING CENTER
3550 LEXINGTON AVENUE
MOHEGAN LAKE, NEW YORK 10547
(Tel. (914)528-2000 Fax (914) 528-9235

Date: _____

To: _____

Dear _____:

_____ has applied for the position of _____
_____ at this facility and has given us your name as a
reference.

We would appreciate if you would state the nature and length of your acquaintance with the applicant as well as any other background information or comments concerning this person's character, personality, etc. which you feel would be beneficial to us in our evaluation of this individual for employment. All information is confidential.

In order to facilitate your reply, simply write your comments on the reverse side of this letter and return it to us in the enclosed postage paid envelope at your earliest convenience.

Thank you very much for your assistance.

Sincerely,

Authorization:

I request and authorize you to release the above requested information.

Applicant: _____

Date: _____

Mohegan Lake, New York 10547
Tel. (914)528-2000 Fax(914)528-9235

Date:

Name

Address

To Whom It May Concern:

Address _____
Has applied for a position as a _____ at this nursing home. The applicant has stated that _____ has/had been employed as a _____ with your organization. We would appreciate your confirmation of this employment, and your comments below which we will hold strictly confidential.

Very truly yours,

Please answer the following questions and return this letter via fax or in the enclosed envelope.

1. How long employed? _____
2. In what capacity? _____
3. Has the applicant had a compensable injury? _____
4. Reason for leaving: _____
5. Please comment on the following:
 - A. Dependability _____
 - B. Cooperation _____
 - C. Ability to get along with people _____
 - D. General health _____
 - E. Personal appearance _____
6. Would you re-employ if the opportunity arose? _____
7. Do you recommend this applicant for this position? _____
8. Other comments _____

Date: _____

Signature & Title: _____

I request and authorize you to release the information requested above from any records you may have pertaining to me.

Applicant's Signature Date

State and Federal Law prohibits discrimination based on race, creed, color, national origin, handicap, sex, age, marital status, or sexual preference.
(Bus. Reference)

Mohegan Lake, New York 10547
Tel. (914)528-2000 Fax(914)528-9235

Date: _____

Name

Address

To Whom It May Concern:

Address _____
Has applied for a position as a _____ at this nursing home. The applicant has stated that _____ has/had been employed as a _____ with your organization. We would appreciate your confirmation of this employment, and your comments below which we will hold strictly confidential.

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(Bus. Reference)

3550 Lexington Avenue
Mohegan Lake, New York 10547

Phone (914) 528-2000 Fax (914) 528-9235
Nursing Fax (914) 528-0401

Authorization For Release Of Background Data

North Westchester Restorative Therapy & Nursing Center is obligated to take reasonable steps to ensure that applicants for employment possesses the qualifications, character, and integrity required in the long-term care field. In order to fulfill this responsibility, we wish to verify pertinent background data, which you have supplied. Please sign and return the release printed below in order that verification of background data may be completed in a timely manner. Reference replies will be kept confidential and reviewed only by the authorized management personnel.

Release

As a prerequisite for employment with North Westchester Restorative Therapy & Nursing Center, I understand that it will be necessary to verify my education background, employment history, and personal references.

I hereby authorize the educational institutions listed on my Application for Employment to release information requested by North Westchester Restorative Therapy & Nursing Center pertaining to my dates of attendance, major courses pursued, diploma or degree and date received, honors, awards, and class standing.

I also authorize the present and past employers and personal references indicated on my Application for Employment to release information requested by North Westchester Restorative Therapy & Nursing Center regarding employment dates, position, compensation of my services as an employee, and general character.

Signature

Date

Name (Print or Type)

(authreleasebackg.data)

Authorization For Search And Exchange Of
Information

I, _____ hereby authorize North Westchester Restorative Therapy & Nursing Center, to submit a request to the Attorney General of the United States to conduct a search of the records of the Criminal Justice Information Services Division of the Federal Bureau of Investigations for any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize the exchange of such information between the Attorney General of the United States, the New York State Department of Health and North Westchester Restorative Therapy & Nursing Center and only for the purpose of determining my suitability for employment in a position involved in direct patient care supervision.

Signature: _____ Date: _____

Name: _____
(Print)

(authsearch&.exchangeinfo)

NORTH WESTCHESTER RESTORATIVE THERAPY & NURSING CENTER

CONVICTIONS

Applicants Name _____, hereby state as follows:

1. I acknowledge that prior to being offered provisional employment with North Westchester Restorative Therapy & Nursing Center, pursuant to the New York State Department of Health's Criminal History Record Check Regulations set forth under Title 10 Section 400.23 of the New York Code of Rules and Regulations ("Criminal History Regulations"), I must complete the sworn statement.
2. I certify that: (please check one)
 - () there have been no prior findings by any government agency or regulatory body of patient or resident abuse against me, nor have I ever 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 government agency or regulatory body, and/or I have been convicted of a crime or violation other than a traffic infraction, as expressed below. (Use additional paper if necessary).

I understand that as part of satisfying the requirements of the Criminal History Regulations, the Attorney General of the United States will conduct a full search of 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 North Westchester Restorative Therapy & Nursing Center will be terminated.

I have read the above statements consisting of 3 numbered paragraphs. I fully understand its contents and I certify that it is true and correct to the best of my knowledge and belief.

Applicant's Signature

HISTORY RECORD INFORMATION

THIS FORM IS TO BE RETAINED BY THE AGENCY- DO NOT FORWARD TO THE DOH CHRC UNIT.

chrc@health.state.ny.us

The purpose of this form is to obtain consent from the subject individual for fingerprints and criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.

SECTION 1 - SUBJECT INDIVIDUAL INFORMATION

LAST Name	FIRST Name	M.I.	
Date of Birth (mm/dd/yyyy)	Mother's Maiden Name	Alias: AKA	
Mailing Address (street)	City	State	Zip

SECTION 2 - ATTESTATION

- I have applied to an agency to provide direct care or supervision to residents or patients. I understand that as part of the application process, the Public Health Law (PHL) Article 28-E requires that the New York State Department of Health perform a criminal history check on me with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI).
- I acknowledge and consent to having my fingerprints taken for the purpose of a criminal history record check by the DCJS and the FBI.
- I have been advised that DOH is authorized by law to receive the results of the criminal history record check from DCJS and the FBI for the purpose of developing a criminal history record summary to be provided to the agency to which I applied for a position to provide direct care or supervision to residents or patients. I have been advised that the criminal history record summary will indicate whether I have a criminal history, as maintained by DCJS or the FBI, including convictions of a crime (felony or misdemeanor) or criminal charges which do not reflect a disposition. I have been advised that by law, DOH is authorized and may be required to provide the results of the criminal history record check through a criminal history record summary to the agency. The criminal history record summary prepared by DOH and sent to the agency will contain the results of the criminal history record check performed by DCJS. I have been advised that the information shall be confidential pursuant to applicable federal and state laws, rules and regulations and shall only be disclosed to persons authorized by law.
- I hereby consent to DOH sharing with any DCJS agency to which I applied for a position to provide direct care or supervision, any criminal history record check information provided to DOH by the FBI, including the specific crime(s) for which I was convicted or charged, the date of the arrest for such charge, and/or date of conviction, and the jurisdiction in which the arrest or conviction took place.
- I have been informed of the procedures and my rights to obtain, review and seek correction of my criminal history information pursuant to regulations and procedures established by the DCJS and the FBI.
- I understand that I have the right to withdraw my application for employment, without prejudice, any time before employment is offered or declined, regardless of whether an agency, DOH or I have reviewed my criminal history information.
- I certify to the best of my knowledge and belief that I (check as appropriate):
 Have Have not been convicted of a crime in New York State or any other jurisdiction
 Do not have a final finding of resident abuse
 If you have checked either "Have" and/or "Do", please provide a brief explanation. (Optional)

- My current mailing or home address is indicated in Section 1 of this form.
- I have read this form and hereby consent to the request by the agency to use my fingerprints to obtain my criminal history record, if any, from the DCJS and the FBI. I hereby consent to the redisclosure of any convictions or open charges on my criminal history record, received by DOH from DCJS, to the requesting agency. I declare and affirm that the information I have provided on this consent form is true, complete and accurate and that the fingerprints to be submitted are my own. (not applicable for Expedited Review submitted pursuant to CHRC Form 104).

Applicant Signature: _____ Date: _____

Signature of Parent or Legal Guardian _____ Date: _____
 (if subject individual is under 18 years of age)

SECTION 3 - AGENCY AUTHORIZED PERSON INFORMATION

Agency Name: North Westchester Restorative Therapy	PFI/Operating License Number: 1150
Print Name of Authorized Person: <i>Julie Rapetti</i>	Title: Administrative Assist.
Signature of Authorized Person: _____	Date: _____

***FILL OUT COMPLETELY:** PLACE OF BIRTH: _____ WEIGHT: _____

HAIR COLOR: _____ RACE: _____ HGT: _____

EYE COLOR: _____