

Lakeside Nursing and Rehabilitation Center

1229 Trumansburg Road, Ithaca, New York 14850

607-273-8072

APPLICATION FOR EMPLOYMENT

Date _____

NAME _____
Last First Middle Social Security Number(required)

Address _____
Street City State Zip Code

Phone Number (____) _____ Alternate Phone Number (____) _____

Referred By: Newspaper Advertisement Personal Referral Other: _____

Are you currently employed? Yes No If yes, why do you want to change Jobs?

Employment desired: Full Time Part Time Days Evenings Nights

Position: _____ Date you can start _____ Salary Desired _____

Were you previously employed at Lakeside before? Yes No If yes, where? _____

EDUCATION AND TRAINING

TYPE	ADDRESS	MAJOR	GRADUATED Y/N
High School			
College or University			
College or University			
Trade School			

List any other Education, Training, and Special Skills that you possess relating to this job:

Are you a U.S. citizen? Yes No if no, do you have the legal right to remain and work in the
United States Permanently? Yes No

Professional Licensure or Registry:

Type of Licensure or Registry: _____ Licensure or Registry #: _____

Date of Licensure or Registry: _____ State Licensed or Registered in: _____

“We are an equal opportunity employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, sexual orientation, disability or arrest record.”

REFERENCES

NAME	TITLE	BUSINESS PHONE	HOME PHONE

EMPLOYMENT RECORD: (Start with the most recent employer.)

Name of Employer		Phone (required)	
Address			
Dates Employed (required) From: To:		Title	Salary
Name and Title of Supervisor		May we contact? Yes No	Reason For Leaving
Brief Description of Duties			
Name of Employer		Phone (required)	
Address			
Dates Employed (required) From: To:		Title	Salary
Name and Title of Supervisor		May we contact? Yes No	Reason For Leaving
Brief Description of Duties			
Name of Employer		Phone (required)	
Address			
Dates Employed (required) From: To:		Title	Salary
Name and Title of Supervisor		May we contact? Yes No	Reason For Leaving
Brief Description of Duties			

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

I certify that the information given to me in this application is true in all respects; and I agree that, if employed by Lakeside Nursing and Rehabilitation Center and any information is found to be false in any way, I may be subject to dismissal without notice, if and when discovered.

I authorize the use of any information in the application to verify my statements; and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I also understand that a physical examination satisfactory to this Facility must be passed prior to employment.

Date: _____

Signature: _____

DO NOT WRITE BELOW THIS LINE

Used By Department Head Only		
Interviewed: Yes No	Interviewed by:	Date:
Starting Date:	Replacement For:	
Budgeted	Not Budgeted	New Position
Full Time	Part Time	Per Diem
Temporary	Salaried/ Exempt	Hourly/Non-Exempt
Starting Rate:	Orientation Date:	
Remarks:		
Department Head Signature:		Date:

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Lakeside Nursing and Rehabilitation Center is committed to the employment of personnel, without regard to sex, race, creed, sexual orientation, disability, or national origin, whose qualifications are commensurate with anticipated job responsibilities.

Please sign below

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Lakeside Nursing and Rehabilitation Center to inquire of former employers an evaluation of my job performance and dates of association and to confirm all professional achievements stated within my application for employment. I release all persons involved from any and all claims of whatever nature I might have as a result of any and all responses given to Lakeside Nursing and Rehabilitation Center. Further, I understand all responses are the confidential property of Lakeside Skilled Nursing and Rehabilitation Center.

Signature of Applicant

Date