

Maria Regina Rehabilitation and Nursing
1725 Brentwood Road, Bldg. 1
Brentwood, New York 11717-5589

Tel. 631-299-3000

Fax 631-299-3063

APPLICATION FOR EMPLOYMENT

Please Print Clearly in Ink

Personal						
Last Name		First Name		Mid Initial	Email address	Date of Application
Home Address				Apt. No.	City	State Zip Code
Telephone No. (Area Code)				Alternate No. At Which You May Be Reached (Area Code)		
Position Applied For		Date Available		<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift/Days Preferred
Were you previously employed at Maria Regina? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:						
Dept.		Title		Dates from		to
Employment History-- Most Recent First						
From Mo. Yr.	Name of Employer		Name/Title Last Supervisor		Telephone No.	
To Mo. Yr.	Address Street City		Position Held			
Briefly Describe the Work You Performed:						
Reason for Leaving: May we contact this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No						
From Mo. Yr.	Name of Employer		Name/Title Last Supervisor		Telephone No.	
To Mo. Yr.	Address Street City		Position Held			
Briefly Describe the Work You Performed:						
Reason for Leaving: May we contact this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No						
From Mo. Yr.	Name of Employer		Name/Title Last Supervisor		Telephone No.	
To Mo. Yr.	Address Street City		Position Held			
Briefly Describe the Work You Performed:						
Reason for Leaving: May we contact this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No						
Education						
Highest Grade Completed (Circle):		1 2 3 4 5 6 7 8		9 10 11 12		1 2 3 4
		Grade School		High School		College
						Masters
						Ph. D.
						Post Graduate
Name and location of last school attended:						
Vocational or trade training:						
Professional Education:						
Member of Professional Organizations:						
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No:						
Are you fluent in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify language(s):						
Are you fewer than 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state your age:						

Professional Licenses and/or Certifications				Verification
Type	Organization or State	Date Issued	Number	
Type	Organization or State	Date Issued	Number	
Type	Organization or State	Date Issued	Number	

If your former employment references or education records are under a name other than indicated on the front of this application, please indicate this below.

_____ Last Name _____ First Name _____ Mid. Initial

Skills unrelated to position for which you are applying:

References: Use this space to give us further information which will assist us in placing you, **including at least two references** not related to you, whom you have know at least two years, and their addresses:

Name	Address
Name	Address

Employment Understanding (Please Read and Sign)

Maria Regina does not discriminate in hiring or any other decision on the basis of race, color, sex, sexual preference, citizenship, national origin, ancestry, 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.

I voluntarily give Maria Regina the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I understand that an offer of employment may be contingent on passing a physical examination which relates to the essential duties I would be required to perform.

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 also understand that my employment may be terminated for any misstatement or omission of facts appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

_____ Applicant's Signature _____ Date