



# Steere House

NURSING & REHABILITATION CENTER

## Application for Employment

**PLEASE PRINT ALL RESPONSES IN INK.** In considering your application for employment, Steere House Nursing and Rehabilitation Center will conduct a detailed and thorough investigation which will include, but is not limited to a criminal record check, interview or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

Name \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_  
Last First Middle Initial Area Code

Address \_\_\_\_\_ Best Time To Contact You \_\_\_\_\_  
Number Street Apt #

\_\_\_\_\_  
City State Zip Code

If you have ever used a name (first, middle or last, including maiden name) different from the one above, please provide below.

Have you ever been employed by Steere House Nursing and Rehabilitation Center?  Yes  No If yes, provide dates of employment and position(s) held below.

Do you have any relatives or friends employed by Steere House Nursing and Rehabilitation Center  Yes  No If yes, provide details below.

Name	Relationship	Department

Are you legally eligible for employment in the United States?  Yes  No

Are you 18 years of age or older?  Yes  No

How were you referred to this facility?  Newspaper  Steere House Employee  Other \_\_\_\_\_

If you were referred by a Steere House Employee, what is that employee's name? \_\_\_\_\_

### What Hours and Shifts Can You Work?

Full-Time  Part-Time (How many hours or shifts do you want to work per week? \_\_\_\_\_ Hours / Shifts)  Per Diem

Days  Evenings  Nights  Any Shift Preferred Shift: \_\_\_\_\_

Every Other Weekend  Every Weekend  No Weekends  Every Other Holiday  Every Holiday  No Holidays

Consideration will be given to your preferences. However, if hired, Steere House Nursing and Rehabilitation Center may assign shifts, hours and overtime to meet its employment needs.

### What Position(s) Are You Applying For?

1) \_\_\_\_\_ 2) \_\_\_\_\_

What Date Would You Be Available To Start Work? \_\_\_\_\_

What Is Your Minimum Salary Requirement? \_\_\_\_\_ Per Hour



## Employment History

Are you now  Employed  Unemployed

If you are currently employed, may we contact your present employer for a reference?  Yes  No

Although you may have provided a resume, this section **MUST** be completed. Please be sure to include ALL employment. If additional space is needed, please ask for a continuation sheet or attach a separate sheet using the same format.

---

**Present or Last Employment** Starting Employment Date: \_\_\_\_\_ Ending Employment Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Current/Last Salary: \_\_\_\_\_ per hour / year

Your Supervisor's Name? \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Do/Did you work  Full-Time  Part-Time \_\_\_\_\_ hours per week. What shift do/did you work? \_\_\_\_\_

General description of your job functions: \_\_\_\_\_

What Is/Was Your Reason For Leaving: \_\_\_\_\_

---

**Next Previous Employment** Starting Employment Date: \_\_\_\_\_ Ending Employment Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ per hour / year

Your Supervisor's Name? \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Did you work  Full-Time  Part-Time \_\_\_\_\_ hours per week. What shift did you work? \_\_\_\_\_

General description of your job functions: \_\_\_\_\_

What Was Your Reason For Leaving: \_\_\_\_\_

---

**Next Previous Employment** Starting Employment Date: \_\_\_\_\_ Ending Employment Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ per hour

Your Supervisor's Name? \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Did you work  Full-Time  Part-Time \_\_\_\_\_ hours per week. What shift did you work? \_\_\_\_\_

General description of your job functions: \_\_\_\_\_

What Was Your Reason For Leaving?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History (Continued)

Describe any and all periods of unemployment in the spaces provided below.

Dates of Unemployment	Reason

## Military and Volunteer Service

Have you served in the United States Armed Services?  Yes  No If yes, what branch? \_\_\_\_\_

If you served in the United States Armed Services list your dates of service From \_\_\_\_\_ to \_\_\_\_\_

Have you ever volunteered your time or services?  Yes  No If yes, where? \_\_\_\_\_

Briefly describe duties and skills acquired through military and/or volunteer services. \_\_\_\_\_

## Education and Training

Provide information on your educational background in the spaces provided below.

	School Name and Location	Number of Years Completed or Present Grade	Did you Graduate	Diploma, Certificate or Degree Earned	Field of Study
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Education			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have experience using personal computers?  Yes  No. If yes, list the software you have experience using:

What is your typing speed? \_\_\_\_\_ words per minute.

## Occupational Licenses, Registrations, and Certifications

Are you currently licensed, registered, or certified in your occupation?  Yes  No In Rhode Island?  Yes  No

Complete the information below for any professional licenses, registrations or certifications that you currently hold or have held in the past.

Type of License, Registration or Certification	State of Licensure, Registration or Certification	License, Registration or Certification Number	License, Registration or Certification Expiration Date

If you are not currently licensed, registered or certified in Rhode Island, have you made application?  Yes  No

Has your professional license, registration or certification EVER been revoked, suspended or put on probation?  Yes  No

If yes, provide details \_\_\_\_\_

## Language Skills

Provide information on the language(s) you know in the spaces provided below.

Language	Do you SPEAK this language	Do you READ this language	Do you WRITE this language
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent

If needed, would you be willing to serve as an interpreter?  Yes  No

Do you possess sign language skills?  Yes  No

## References

Provide information for two professional references, who are not members of your family or a friend, in the spaces provided below:

Name	Relationship	Address	Phone Number

Read the following statements carefully prior to providing your signature.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in my discharge even if discovered at a later date.

I understand that employment is conditional upon successfully passing a medical examination (including drug screening) and a criminal background check. I understand that I must provide Steere House with written proof of immunity to Measles, Mumps and Rubella or have the status of my immunity established by a blood test in accordance the State of Rhode Island regulations. According to State of Rhode Island regulations, if not immune, I will be required to receive vaccination against Measles, Mumps and Rubella before the conditions of my employment are completed. In addition, proof of a negative, two-step, PPD (Tuberculin Test) or negative chest x-ray is also required as a condition of my employment in accordance with the State of Rhode Island regulations.

I understand that Steere House intends to hire only individuals who are authorized to work in the United States. All offers of employment and continued employment are contingent upon providing documents which verify my identify and authorization to work in the United States as defined by the Immigration Reform and Control Act of 1986 (as amended).

I understand that my employment is at-will, which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that Steere House has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding statement, except for a written agreement signed by an administrative representative of Steere House and a Notary Public.

I hereby authorize persons, schools, employers (including my current employer if applicable) and other organizations to provide Steere House and its affiliates with any requested information regarding my application, employment or suitability for employment, and I completely release all such person or entities from any and all liability related to the providing or use of such information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_