



*Betsy Ross Nursing and  
Rehabilitation Center  
1 Elsie Street Rome, New York 13440  
Telephone 315.339.2220 Fax 315.339.1592*

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## Employment Application

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Any other name(s) under which you have been previously employed or under which school records may be found for the purpose of checking work and education records only: \_\_\_\_\_

Friends or Relatives employed by the Facility: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ If so, can you furnish a work permit? \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Have you ever filled out an application with our Facility? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you legally authorized to work in the United States? Yes  No

Are you available to work overtime, being mandated or doing double shifts at any time? \_\_\_\_\_ If not, please explain? \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Do you prefer:  Full Time  Part Time  Shift Work  Temporary

Do you prefer:  6am-2pm  2pm-10pm  10pm-6am

*We appreciate your interest in our facility. We consider applications for all positions without regard to race, color, creed, age, religion, sex, sexual orientation, disability, handicap, marital status, national origin, veteran status or arrest and conviction record, or any other legally protected status.*

Have you ever been convicted of a crime other than a minor traffic violation? Yes  No

Please supply dates of the offense, the disposition the nature of the crime and when convicted:  
(Conviction(s) will not automatically disqualify you from employment)\_\_\_\_\_

Applicants not holding a NYS license (ex: PT, OT, RN, LPN) are fingerprinted off site. Upon signature of this application and DOH CRHC form 102 you authorize BRNRC to complete your fingerprinting process. If you know of any reason your fingerprints will not return in good standing, please explain:\_\_\_\_\_

Do you have any job-related training in the U.S. Military?\_\_\_\_\_ If so, please explain:\_\_\_\_\_

Can you travel if the job requires it?\_\_\_\_\_

List any professional trade, business or civic activities along with offices or licenses held if irrelevant to the position applied for. You may exclude memberships that disclose sex, race, religion, national origin, age, ancestry, handicaps or other protected status:\_\_\_\_\_

Summarize your job related skills acquired from any previous employment or other job experience:\_\_\_\_\_

*Please list your employers below beginning with the Most Recent: Please attach a separate piece of paper if needed.*

| <i>Name/Phone of Employer</i> | <i>Dates of Employment</i> | <i>Hourly Rate</i> | <i>Position Held</i> | <i>Reason for Leaving</i> |
|-------------------------------|----------------------------|--------------------|----------------------|---------------------------|
|                               |                            |                    |                      |                           |
|                               |                            |                    |                      |                           |
|                               |                            |                    |                      |                           |
|                               |                            |                    |                      |                           |

Please list three (3) references of persons not related to you that can verify your work ethic (give complete names and telephone numbers including area codes):

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please list your education below starting with Most Recent:**

| <b>Education<br/>(Name of School)</b> | <b>Address</b> | <b>Number of years<br/>Completed</b> | <b>Type of Degree<br/>Or Diploma</b> |
|---------------------------------------|----------------|--------------------------------------|--------------------------------------|
|                                       |                |                                      |                                      |
|                                       |                |                                      |                                      |
|                                       |                |                                      |                                      |
|                                       |                |                                      |                                      |

***Applicant's Statement:***

*I certify that all my answers given herein are true and complete to the best of my knowledge, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of any offer of employment and may also result in dismissal from the position hired for.*

*I understand that this employment application is not to be constructed as a guarantee for employment. I further understand that should I become employed, my employment with the organization does not constitute any form of contract, implied or expressed and such employment may be terminated at will either by myself or my employer upon notice of performance and the continued need for my services as determined by the organization. **I hereby authorize BRNRC to obtain fingerprints and/or background investigations if necessary for employment.** You may use this authority to check references with any former employees I have listed, unless otherwise indicated, as well as all of the personal references listed.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



