

Application for Employment

St. Lawrence Rehabilitation Center provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, St. Lawrence complies with applicable state and local laws governing nondiscrimination in employment.



PLEASE PRINT

POSITION (S) APPLIED FOR _____ DATE OF APPLICATION _____

REFERRAL SOURCE _____ ADVERTISEMENT _____ GOVERNMENT AGENCY _____ WALK-IN
_____ EMPLOYEE _____ INTERNET _____ OTHER

NAME OF SOURCE (IF APPLICABLE-NAME OF EMPLOYEE, WEB SITE, ETC.) _____

NAME _____
LAST FIRST MIDDLE MAIDEN

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NO. WITH AREA CODE (_____) _____ CELL PHONE NUMBER (_____) _____

Email Address : _____

If you are under 18, can you furnish a work permit? _____ Social Security Number _____

HAVE YOU EVER FILED AN APPLICATION HERE BEFORE? _____ IF YES, GIVE DATE _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? _____ IF YES, GIVE DATES _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? _____

DATE AVAILABLE FOR WORK _____ SALARY REQUIREMENTS _____

TYPE OF EMPLOYMENT DESIRED: _____ FULL-TIME _____ PART-TIME _____ TEMPORARY _____ PER DIEM

SHIFT DESIRED: IFT DESIRAY SHIFT _____ DAY SHIFT _____ EVENING SHIFT _____ NIGHT SHIFT

HAVE YOU EVER RECEIVED DISCIPLINARY ACTION FOR AN INCIDENT RELATED TO NEGLECT OR MALTREATMENT OF A PATIENT/
/RESIDENT? _____ IF SO, EXPLAIN? _____

DRIVER'S LICENSE NUMBER (IF REQUIRED BY JOB) _____ STATE: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? _____ IF SO, STATE WHEN AND WHY _____

EMPLOYMENT HISTORY

LIST **ALL** PREVIOUS JOBS, INCLUDING THOSE NOT RELATED TO THE POSITION YOU ARE APPLYING FOR, INCLUDING ANY TEMPORARY ASSIGNMENTS AND MILITARY EXPERIENCE. FAILURE TO LIST **ALL** PRIOR JOBS MAY RESULT IN A DISQUALIFICATION OF YOUR APPLICATION. YOU MAY REQUEST A SECOND PAGE IF YOU NEED ONE. PLEASE START WITH THE MOST RECENT JOB.

EMPLOYER	ADDRESS		
IMMEDIATE SUPERVISOR AND TITLE	TELEPHONE	MAY WE CONTACT FOR REFERENCE? YES NO LATER	
JOB TITLE	REASON FOR LEAVING		
DATES EMPLOYED FROM TO	HOURLY WAGE/SALARY STARTING FINAL		
SUMMARY OF WORK PERFORMED AND JOB RESPONSIBILITIES			

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SUMMARY OF WORK PERFORMED AND JOB RESPONSIBILITIES			

ADDITIONAL COMMENTS: _____

EDUCATION HISTORY

TYPE OF SCHOOL	DATES		NAME AND ADDRESS	MAJOR COURSE	GRADUATE		ACADEMIC AVERAGE	DEGREE
	FROM MO/YR	TO MO/YR			YES	NO		
1. HIGH SCHOOL								
2. COLLEGE								
3. TECHNICAL								
4. OTHER								

LICENSES/CERTIFICATIONS/REGISTRATIONS

LIST ALL JOB-RELATED LICENSES/CERTIFICATIONS/REGISTRATIONS, EVEN THOSE WHICH HAVE EXPIRED OR ARE OUT-OF-STATE:

TYPE: _____ NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

TYPE: _____ NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

TYPE: _____ NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

HAS YOUR PROFESSIONAL LICENSE/CERTIFICATION/REGISTRATION EVER BEEN SUSPENDED OR REVOKED? _____

IF SO, STATE WHEN AND WHY _____

REFERENCES

LIST NAMES AND TELEPHONE NUMBERS OF THREE BUSINESS/WORK REFERENCES WHO ARE NOT RELATED TO YOU.

NAME	TELEPHONE	EMAIL ADDRESS
	() -	
	() -	
	() -	

SKILLS AND QUALIFICATIONS:

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR WORK WITH THE CENTER.

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER
