

BAYBERRY CARE CENTER
FORTY KEOGH LANE, NEW ROCHELLE, NY 10805
TELEPHONE: 914-636-6200 FAX:914-636-5125

It is the policy of Bayberry Care Center to treat all job applicants and employees equally without regard to race, religion, age, color, sex, marital status, national origin, citizenship, ancestry, disability, handicap or sexual preference or any other basis prohibited by Federal, State or local law.

DATE _____ NAME _____

ADDRESS _____

Telephone # _____ Position Applied For: _____

Shift Desired: _____ Full Time Part Time Per Diem (Circle One)

If you have worked for us before, state when and position _____

Reason for Leaving _____

Highest Level of Education completed _____

Name of School _____ Date Completed _____

BUSINESS REFERENCES

Current Employer _____ Position _____

Address _____ Telephone # _____

Contact Name _____ Dates Employed _____ Salary _____

Reason for Leaving _____

Prior Employer _____ Position _____

Address _____ Telephone # _____

Contact Name _____ Dates Employed _____ Salary _____

Reason for Leaving _____

PERSONAL REFERENCES

Name _____ #Years known _____

Address _____ Telephone # _____

Name _____ #Years known _____

Address _____ Telephone # _____

DESCRIBE SPECIALIZED TRAINING, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:

BACKGROUND INVESTIGATION AND LICENSE VERIFICATION

I, _____, of my own free will, without promises of immunity, threats or coercion agree to allow BAYBERRY CARE CENTER to conduct a background investigation and license verification.

I hereby agree that the results of such investigation and its conclusions may be used by BAYBERRY CARE CENTER in order to process my employment application.

I fully well understand that the results of this background investigation and the conclusions drawn therefore from BAYBERRY CARE CENTER may prove unfavorable to me. I do nonetheless hold BAYBERRY CARE CENTER free and harmless from any claim I might otherwise have against them for any damages or liability to me resulting from this background investigation.

I understand that disclosure of a felony criminal record will not automatically disqualify me from employment consideration and that my case will be judged on its merits. I do however understand that falsification of information on my application may bring about immediate dismissal.

In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment.

DATE OF BIRTH ____/____/____ SOCIAL SECURITY # _____
If not a US citizen, type of VISA _____

CURRENT ADDRESS:

STREET _____
CITY _____ STATE _____ ZIP CODE _____
of years at this address _____

PREVIOUS ADDRESS:

STREET _____
CITY _____ STATE _____ ZIP CODE _____
of years at this address _____

APPLICANT SIGNATURE

DATE

DOCUMENTS NEEDED PRIOR TO EMPLOYMENT

1. Physical Exam no more than 6 months old showing
Rubella Titre (immune)
Rubeola Titre (1957)
Flu Vaccine, Pneumonia Vaccine, Hepatitis B and C
2. PPD or copy of Chest X Ray if positive (+)
3. Proof of citizenship (USA Passport or Birth Certificate) or Proof of residency
(Perm resident – “Green Card” etc.)
4. Driver’s License with picture
5. Social Security card
6. Copy of Certificate CNA/RN/LPN (whichever you are applying for)
7. Two (2) work references which can be called
Letter from school – competency
List with signature