

PLEASE SEND COMPLETED APPLICATION TO
rfickenscher@bishopcare.com

Bishop Rehabilitation and Nursing Center
918 James St, Syracuse, NY 13203

APPLICATION FOR EMPLOYMENT

Bishop Rehabilitation is an Equal Opportunity and Affirmative Action Employer. NYS and Federal law prohibit discrimination based on age, race, creed, color, sex, national origin, disability, marital status, sexual orientation, genetic information, or protected veterans. Our application forms are designed to obtain an applicant's skill, knowledge, and abilities on specific job requirements.

I. IDENTIFYING INFORMATION

Name _____

Position applied for _____

Please check or complete: Full Time _____ Part Time _____ Shift Preference _____

Telephone # () _____ or () _____

Email Address: _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

How were you referred to Bishop Rehabilitation _____

Are you a citizen of the U.S.? Yes No

If no, do you have a legal right to remain and work in the United States? ___ Yes ___ No

Alien Registration # _____

Have you ever been convicted of a crime? ___ Yes ___ No If yes, please explain _____

Have you ever been employed using a different name? _____

Do you have a Professional Certification/License/Registration from NYS? ___ Yes ___ No

Have you ever held a Professional Certification/License/Registration from another state? ___ Yes ___ No

Has your professional license ever been suspended, revoked or surrendered? ___ Yes ___ No

If yes, please give date and explanation _____

Are you 18 years or over? _____ If under 18, do you have working papers? _____

II. PREVIOUS EMPLOYMENT

Have you ever been employed at Bishop Rehabilitation in the past? ___ Yes ___ No

If yes, in what department and when? _____

III. FORMAL EDUCATION

List your formal schooling, including academic, vocational, professional, and other relevant training courses including dates attended and graduation dates.

High School _____ Grade Completed _____ Diploma? ___ Yes ___ No ___ Still Attending

Technical/Vocational School _____ Major _____ Certificate? ___ Yes ___ No

College _____ Major _____ Degree? ___ Yes ___ No
Other _____
Other _____

III. EMPLOYMENT HISTORY

Beginning with your most recent employment, please list the information requested below and describe briefly the job duties.

Company _____ Phone # _____
Address _____
Position Held: _____ Supervisor: _____
Dates of Employment: _____ Salary Range: _____
Job Duties _____
Reason for Leaving _____

Company _____ Phone # _____
Address _____
Position Held: _____ Supervisor: _____
Dates of Employment: _____ Salary Range: _____
Job Duties _____
Reason for Leaving _____

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Address _____
Position Held: _____ Supervisor: _____
Dates of Employment: _____ Salary Range: _____
Job Duties _____
Reason for Leaving _____

V. I hereby certify that all statements I have made in connection with my application for employment are true, and that I have not withheld any pertinent information. I understand that any misrepresentation or purposeful omission of facts made in connection with my application for employment are reasons to disqualify me from further consideration and can be grounds for termination if I am hired.

I hereby authorize any person or person to give Bishop Rehabilitaiton’s representatives any information about me, and release them from any liability for doing so.

I also understand that my application will be valid for 6 months and will not be considered after 6 months as expired.

Date _____ Signature _____