

**SAN SIMEON BY THE SOUND CENTER FOR NURSING AND REHABILITATION**  
**61700 ROUTE 48, GREENPORT, NY 11944**  
**(631) 477-2110 FAX (631) 477-8969**

**APPLICATION FOR EMPLOYMENT**

Federal and state laws prohibit discrimination in employment because of race, color, religion, age, national origin, alien or citizenship status, ethnicity, familial status, creed, gender, sexual orientation, marital status or disability. If you believe that you have been subject to violation of this policy, please report such violation to the Administrator of San Simeon by the Sound Center for Nursing and Rehabilitation, Inc., (SSBSCNR), 61700 Route 48, Greenport, NY 11944. Your complaint will be given immediate attention.

**Personal Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Present Address: \_\_\_\_\_  
(Street and House Number) (City) (State) (ZIP)

Former Address if less than one year at present address:  
\_\_\_\_\_  
(Street and House Number) (City) (State) (ZIP)

Current Telephone Number: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Social Security # \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Shift: \_\_\_\_\_ P/T or F/T \_\_\_\_\_

Have you previously applied for a position at San Simeon? Yes \_\_\_ No \_\_\_ If Yes, which position: \_\_\_\_\_

Have you ever been employed by San Simeon? Yes \_\_\_ No \_\_\_ If Yes, reason for leaving: \_\_\_\_\_

If under 18 years of age, do you have a valid work permit? (Copy to be maintained on file) Yes \_\_\_ No \_\_\_

Are you either a U.S. Citizen or an alien who has the legal right to work or remain in the U.S.? (If you are an alien, you will be asked to furnish proof of lawful work status if you are extended a job offer.) Yes \_\_\_ No \_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_

If so, please describe fully the criminal conviction(s), listing the nature of the offense, the date of the offense and your rehabilitation since the conviction(s). A conviction record will not necessarily bar you from employment at San Simeon by the Sound. \_\_\_\_\_

Have you ever had a non-criminal finding of resident abuse, neglect or misappropriation of residents funds sustained against you? Yes \_\_\_ No \_\_\_

If yes, please explain fully. (Attach separate paper if necessary) \_\_\_\_\_

Have you ever been excluded from participation in any state or federal health care program, including Medicare and/or Medicaid? Yes \_\_\_ No \_\_\_

**Formal Education:**

Highest level attained: High School \_\_\_\_\_ College Credits \_\_\_\_\_ Degree \_\_\_\_\_  
Course of study: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

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***Employment History***

Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your present employer at this time? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, when? \_\_\_\_\_

On what date will you be available for employment, if a job is offered to you? \_\_\_\_\_

***Applicant's Statement:***

I understand that if employed at San Simeon by the Sound, I will be an employee at will, which means that I can voluntarily end my employment or be terminated at any time with or without reason. No statement, whether written or oral, by any San Simeon by the Sound representative, other than a written statement signed by an officer, may vary the foregoing. I give San Simeon by the Sound permission to contact all or any of my previous employers and references, and authorize them to provide all information requested of them by San Simeon by the Sound. After a tentative offer of employment has been made, if requested by San Simeon by the Sound, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to San Simeon by the Sound. I understand that any offer of employment is conditioned upon receipt of satisfactory references, background screening and satisfactory completion of such job-related medical examinations.

I hereby certify that I have not been convicted of an offense or otherwise been found under applicable local, state or federal law to have committed an offense that would preclude employment in a nursing facility and I have not been excluded from participation in any state or federal health care program including Medicare or Medicaid.

I have provided a truthful and complete response to all inquiries in this application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal or denial of further consideration of employment. If employed, I will abide by San Simeon by the Sound rules and regulations, which I understand are subject to change by San Simeon by the Sound.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

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**EMPLOYEE REFERENCE FORM**

Your name has been given as a reference by the applicant named below. We place great emphasis on the thorough screening of all our applicants. Your reply will be held in strict confidence. For your convenience, no postage is required for your response.

Thank you for your prompt reply.

Name of SSBSCNR staff requesting this reference \_\_\_\_\_

\_\_\_\_\_ Date

**APPLICANT MUST COMPLETE THIS BOX**

Applicant: \_\_\_\_\_ SS # \_\_\_\_\_

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

Company Address: \_\_\_\_\_

Telephone & FAX: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position held: \_\_\_\_\_ Date employed from \_\_\_\_\_ to \_\_\_\_\_

I hereby authorize any personnel information to be released to San Simeon by the Sound.

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

**TO BE COMPLETED BY REFERENCE SOURCE. THANK YOU**

	Poor	Average	Good	Excellent
QUALITY OF PERFORMANCE				
ATTENDANCE				
COOPERATION				
ACCEPTS SUPERVISION				
EMOTIONAL STABILITY				
PERSONAL APPEARANCE				

**TO BE COMPLETED BY REFERENCE SOURCE. THANK YOU**

Please indicate any specialty areas in which applicant has had experience: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Is applicant eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

Signature Position/Title \_\_\_\_\_

\_\_\_\_\_ Date

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\_\_\_\_\_

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Additional comments: \_\_\_\_\_

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If no, why not? \_\_\_\_\_

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AUTHORIZATION AND DISCLOSURE UNDER  
*THE FEDERAL CONSUMER CREDIT REPORTING REFORM ACT OF 1996*  
FOR PROCUREMENT OF CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS

APPLICANT CONSENT: I understand and agree that San Simeon by the Sound, ("San Simeon"), will verify all or part of the information I have provided in connection with my prospective employment. I hereby authorize San Simeon to procure a consumer report and/or an investigative consumer report on me, motor vehicle driving record, criminal and civil records, prior employment, (including contacting prior employers), education, (including degree, GPA and attendance), as well as other public record information. I understand that an investigative consumer report commonly includes information concerning character, general reputation, personal characteristics or mode of living. That information may be obtained through personal interviews with my neighbors, friends, associates or others with whom I am acquainted. If I am granted employment, I further authorize San Simeon to subsequently, from time to time, request consumer reports, other than investigative consumer reports, in connection with my employment. I release and hold harmless from all liability, any individual or entity requesting or supplying information with respect to my application for employment. I understand that upon written request to San Simeon, I will be informed whether an investigative consumer report was requested, and be given complete and accurate disclosure as to the nature and scope of the investigation requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date