



Position applied for _____ Date _____

Name (Print) _____
LAST FIRST MIDDLE MAIDEN

Present Address _____
STREET CITY/TOWN STATE ZIP

How long at present address? _____ Telephone (____) _____

Previous Address _____
STREET CITY/TOWN STATE ZIP

How long at previous address? _____ U.S. Citizen _____

NOTE: New York State and Federal Law prohibits discrimination based on age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation or national origin. Furthermore, Integrity adheres to all provisions of Title VII of the 1964 Civil Rights Act and Executive Orders 11375 and 11478, and the A.D.A. We make every effort to employ those individuals who are best qualified and capable of caring for the elderly, sick, and injured.

Please state your availability for work: _____

Do you understand that employment will require working weekends and holidays as required by Agency needs? YES [] NO []

Do you understand that a request for change in employment status must be submitted in writing and approval of Such will be based on present staffing needs? YES [] NO []

813 Fay Road Syracuse, New York 13219

Phone: (315) 488-2951 Fax: (315) 468-2155

PREVIOUS POSITIONS HELD

LIST LAST 4 POSITIONS, GIVING LAST POSITION FIRST

I. Employer _____ Address _____
Position _____ Employed from _____ to _____
Salary _____ Reason for leaving _____
Person to contact for reference _____ Phone number (____) _____

II. Employer _____ Address _____
Position _____ Employed from _____ to _____
Salary _____ Reason for leaving _____
Person to contact for reference _____ Phone number (____) _____

III. Employer _____ Address _____
Position _____ Employed from _____ to _____
Salary _____ Reason for leaving _____
Person to contact for reference _____ Phone number (____) _____

IV. Employer _____ Address _____
Position _____ Employed from _____ to _____
Salary _____ Reason for leaving _____
Person to contact for reference _____ Phone number (____) _____

May we contact the employers listed above? YES [] NO []
If not, indicate by number which ones(s) you do not wish us to contact: _____

THIS SECTION TO BE COMPLETED BY PROFESSIONAL APPLICANTS ONLY

Have you ever had a finding against your professional License? YES [] NO []
Are you presently licensed or registered to practice in New York State? YES [] NO []
LPN Registration Number: _____ RN Registration Number: _____
Are you or have you ever been licensed or registered in another state? YES [] NO []
Name of state(s): _____
LPN Registration Number: _____ RN Registration Number: _____

LICENSE VERIFICATION
Human Resources Office Use Only

LPN REGISTRATION NUMBER: _____ RN REGISTRATION NUMBER: _____
STATUS: _____ EXPIRES: _____ STATUS: _____ EXPIRES: _____
ISSUED: _____ FINDINGS: _____ ISSUED: _____ FINDINGS: _____

ST. CAMILLUS HEALTH AND REHABILITATION CENTER Applicant Voluntary EEO Identification

As part of St. Camillus Health and Rehabilitation Center's affirmative action efforts, we request your cooperation in completing this voluntary identification form which allows us to comply with government requirements for record keeping and periodic reporting of this data. The information you provide will be treated confidential and will be used only in accordance with government reporting requirements. Failure to provide the information requested will not subject you to adverse consideration for the position.

NAME: _____

POSITION APPLIED FOR: _____

Gender: Male Female

(Definitions for Ethnicity/Race and Veterans Categories on back)

Are You Hispanic or Latino? Yes No

Race (Select all that apply):

- American Indian or Alaska Native (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- White (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Veteran Status:

- Armed Forces Service Medal Veteran Other Protected Veteran
- Recently Separated Veteran

St. Camillus Health and Rehabilitation Center is an affirmative action/equal employment opportunity employer. Women, minorities, veterans, and persons with disabilities are encouraged to apply. The information you provide will be treated confidentially and will be used only in accordance with affirmative action objectives and government reporting obligations.

ETHNICITY/RACE

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino) – All person who identify with more than one of the above five races.

VETERAN STATUS

Armed Forces Service Medal Veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.