

OCEANSIDE CARE CENTER

2914 Lincoln Ave Oceanside N.Y. 11572 •
 TEL(516) 536-2300 • FAX. (516)-763-2531

Confidential

PERSONAL INFORMATION

Last Name		First		M.I.	Date
Date Available		Social Security No.		Desired Salary	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

Grammar or Grade School			Address		
From	To	Completed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
High School			Address		
From	To	Completed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Completed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Vocational or Business			Address		
From	To	Completed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Professional Education			Address		
From	To	Completed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Laboratory or X-Ray Training			Address		
From	To	Completed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

 Last First Middle Initial

Have you ever been convicted of a crime? () Yes () No

If Yes, for what, when and where? _____

Conviction of a criminal offense will NOT necessarily preclude you employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references no related to you, whom you have known at least a year.

DO NOT ANSWER QUESTIONS IN THIS AREA TO BE COMPLETED AFTER EMPLOYED

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Ages of Children _____

Notify in case of emergency _____

