



**LITTLE SISTERS of the POOR**  
**Queen of Peace Residence**

110-30 221<sup>st</sup> Street  
Queens Village, NY 11429  
Tel. No. 718-464-1800  
Fax. No. 718-464-4308

## Application for Employment

If you have questions or need assistance in completing this application, please contact the Office of Human Resources.

LITTLE SISTERS OF THE POOR IS AN EQUAL OPPORTUNITY EMPLOYER AND AS SUCH DOES NOT DISCRIMINATE IN THE TERMS AND CONDITIONS OF EMPLOYMENT ON THE BASIS OF RACE, AGE, COLOR, SEX, AFFECTIONAL OR SEXUAL ORIENTATION, FAMILIAL STATUS, ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT, MARITAL STATUS, RELIGION, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, VETERAN STATUS, PHYSICAL OR MENTAL DISABILITY.

Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Present Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: ( ) \_\_\_\_\_ Social Security No. / / \_\_\_\_\_

Have you ever worked for this facility before? Yes  No

When? \_\_\_\_\_ Supervisor \_\_\_\_\_

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

If under 18 years of age, do you have a work permit? Yes No

Are you able, at the time of employment, to submit verification of your legal right to work in the United States?

(Note: If hired, you must complete the I-9 form required by the US Department of Homeland Security no later than three (#) business days after your date of hire) Yes  No

FEDERAL LAW REQUIRES THAT EMPLOYERS EXAMINE DOCUMENTS WHICH ESTABLISH A NEW EMPLOYEE'S IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES. ALL NEW EMPLOYEES MUST THEREFORE COMPLETE THE ATTACHED ATTESTATION.

**AVAILABILITY**

Date you can start: \_\_\_\_\_  
MONTH DAY YEAR

Are you available for:  Days  Evenings  Nights  Weekends

**EDUCATION**

Highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 \_\_\_\_\_  
Grade School High School College Graduate Degree

Name of last school attended \_\_\_\_\_

Vocational/Trade Training \_\_\_\_\_

**EMPLOYMENT HISTORY**

List below your work experience (starting with your present or most recent employer) for the last five (5) years or your last three (3) employers, whichever will provide us with the greatest information about you. Use the reverse side of the application form if you need additional space. Please account for all periods of unemployment.

1. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Salary: Start: Finish

Briefly describe your job duties and work experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present employer at this time? \_\_\_\_\_

2. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Salary: Start: Finish

Briefly describe your job duties and work experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_ Start: \_\_\_\_\_ Finish \_\_\_\_\_

Briefly describe your job duties and work experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### PROFESSIONAL STATUS

Registered Nurse (RN)  Licensed Practical Nurse (LPN)  Certified Nurse's Aide  Other

License No. \_\_\_\_\_

Certificate No. \_\_\_\_\_

### APPLICANT'S STATEMENT

I understand that any employment by the Little Sisters of the Poor will be on a two-month introductory basis. If employed by the Little Sisters of the Poor, I agree to abide by its rules and regulations. **Further, I understand that my employment can be terminated at any time by either party and that no management representative has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.** The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal upon discovery thereof. I authorize the Little Sisters of the Poor to contact any or all of my references for full information and release the Little Sisters of the Poor and all individuals or entities providing references or information from all liability resulting from such investigation and disclosure.

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