

CGNS is committed to providing a non-discriminatory employment environment for its employees. The policy of CGNS is to fully comply with applicable federal, state and local laws, rules and regulations in the area of non-discrimination in employment. Discrimination against employees and applicants due to race, color, religion, sex (including sexual harassment), national origin, disability, age (40 years or older), military and veteran status is prohibited. Violations of this policy will be subject to discipline, up and including termination.

Equal employment opportunity and non-discriminatory commitments include, but are not limited to, the areas of hiring, promotion, demotion or transfer, recruitment, discipline, layoff or termination, rate of compensation and company sponsored training.

All employees are expected to comply with this Equal Employment Opportunity Policy. Managers and supervisors who are responsible for meeting business objectives are expected to cooperate fully in meeting CGNS equal employment opportunity objectives.

Any employee who believes he or she has been discriminated against must immediately report any incident the company's designated EEO Officer. The company will not tolerate retaliation against any employee who reports acts of discrimination or provides information in connection with any such complaint. If you have any questions regarding this policy, please contact CGNS (716) 725-3628

COMPREHENSIVE GENERAL NURSING SERVICES P.C.

(CGNS)

KAREN RAYER RN, BSN, COHN

51 WEBSTER STREET

N. TONAWANDA, NY 14120

(716) 725-3628 FAX (716) 692-7091

APPLICATION FOR EMPLOYMENT

NAME _____ SOCIAL SECURITY # _____

PRESENT ADDRESS _____

HOME PHONE NUMBER _____ ALTERNATE PHONE _____

E-MAIL ADDRESS _____

IN CASE OF EMERGENCY, PLEASE NOTIFY _____ RELATIONSHIP _____ PHONE# _____

PROFESSION ____RN LICENSE# _____ STATE ISSUED _____ EXPIRATION _____

Has your license/certification ever been suspended or revoked ____Yes ____No

Do you have the legal right to work and remain in the United States? ____ Yes ___ No

Do you have any restrictions preventing you for performing your job duties and if so what accommodation may you need?

Name and Location of School _____ Year Graduated _____
Degree Awarded _____

EMPLOYMENT HISTORY FOR THE PREVIOUS FIVE YEARS

List all present and past employment, beginning with the most recent position. You may attach a resume to this application.

Present Employer: _____ Position _____

Address: _____

No. Street City County State Zip Code

Supervisor: _____ Telephone # _____

Describe job duties: _____

Reason for leaving: _____

Pay Rate _____ Contact: ____ Yes ___ No

Previous Employer: _____ Position _____

Address: _____

No. Street City County State Zip Code

Supervisor: _____ Telephone # _____

Describe job duties: _____

Reason for leaving: _____

Pay Rate _____ Contact: ____ Yes ___ No

PLEASE LIST ANY SKILLS, CERTIFICATIONS YOU MAY HAVE TO BE VALUABLE IN THE OCCUPATIONAL HEALTH SETTINGS: _____

PROFESSIONAL REFERENCES (Please do not list relatives or friends)

NAME: _____ **ADDRESS** _____ **PHONE#** _____

OCCUPATION _____

NAME: _____ **ADDRESS** _____ **PHONE#** _____

OCCUPATION _____

PROFESSIONAL REFERENCES (Please do not list relatives or friends)

NAME: _____ **ADDRESS** _____ **PHONE#** _____

OCCUPATION _____

NAME: _____ **ADDRESS** _____ **PHONE#** _____

OCCUPATION _____

Please read carefully:

I understand, agree and acknowledge that any employment relationship that may result from this application will be of an "at-will" nature only, which means that I may resign at any time and for any reason and that the company may terminate my employment at any time and for any reason with or without cause. I also understand, agree and acknowledge that no employee of the company has any authority whatsoever to make any promises or arrangements with me that changes the "at-will" nature of any employment relationship that may result between myself and the company.

Applicant's Initials _____

In the event of my potential employment, I understand, agree, and acknowledge that (1) any false, omitted, or misleading information provided by me either in my resume, on this job application form, or in interviews may result in my discharge at any time in the future; (2) I am required to abide by all personnel policies, rules, and regulations of the company if I am hired; (3) I authorize the investigation of all statements by the company and/or its agents contained in this application, my resume, or made during any interview as may be necessary in arriving at any employment decision with respect to my application; (6) I certify that all answers and information given herein are true and complete to the best of my knowledge.

Applicant's Initials _____

Please submit the following with your application:

Copy of Current Nursing License

Current BLS/ACLS

Copy of Current Certifications

Copy of Compliance Requirement

OSHA Compliance Programs

Blood Borne Pathogen/ Hepatitis B Immunization Dates

Infection Control Renewal

Annual Health Assessment

Copy of current PPD

HIPPA PRIVACY; CONFIDENTIALITY Agreement