Registration Requirements for Employment

#	Name of Document	Type of Amount Document	Amount Required
1	1 of these <u>UNEXPIRED:</u> *NYS Driver's License *Passport *Permanent Resident Card *Work Authorization Card	I.D	1+
2	Social Security (original only)	I.D	1
3	Professional Reference Letters or Personal Reference must be completed within 3 months: Dated of thisyear, English language, Valid Phone, NO RELATIVES	References	2
4	NYS Nurse certificate		
5	Malpractice Insurance		
6	CPR		
7	Physical (<u>completed within 1 year)</u>	(Pre-employment)	1
8	Forensic Drug Screen (completed within 6 months) LAB REPORT*	(Pre-employment)	1
9	Rubella Immunization * <u>Lab Report</u> *	Medical	1
10	Rubeolla/Measles Immunization * <u>Lab Report</u> *	Medical	1
11	Annual PPD <u>OR</u> Quantiferon results (completed within year)	Medical	1
12	Flu Vaccination (Flu Shot) For Current Year	Medical	1

^{*} If PPD RESUTLTS are positive you must have:

- 1. Report of Chest X-Ray
- 2. Annual Tuberculosis Screening Questionnaire Form

If your test result is negative: Please provide the date & result information on the physical form.

New Employee

Applicant Detail

Name: manisha koladara		SNN:
Home Phone:	Cell Phone:	
Address line 1: address 1	Address line 2: address 2	Apt/Building#: 3-95
State: California	City: Adin	Zip: 25555
How long have you resided at current address	ss? 5 year	
Prior Address line 1: address 1	Prior Address line 2: address 2	Apt/Building#: 3-95
City: Alpine	State: Arizona	Zip: 55555
How long have you resided at current address	ss? 5 year	

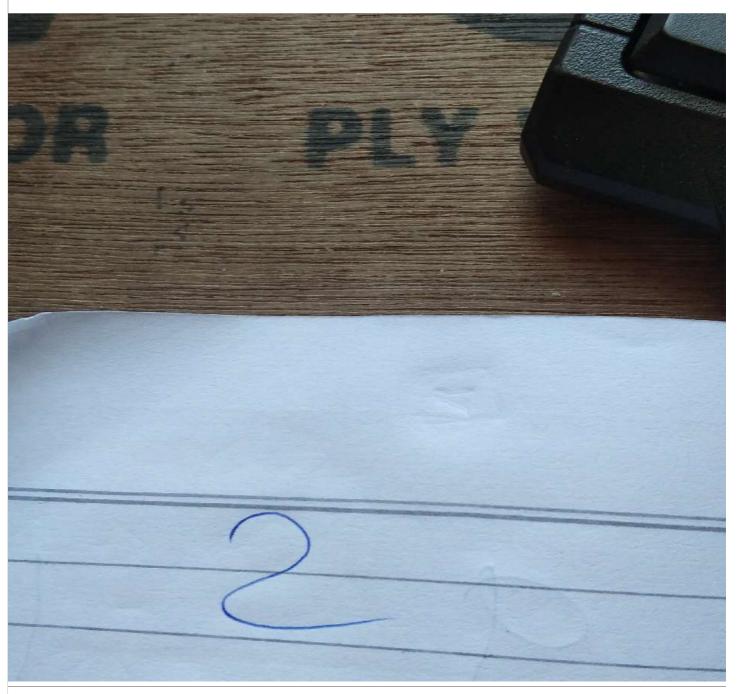
Are	you over 18 years of age?: \Box YeS	☑ No		Sex: Female	
Re	eference Detail				
Name: manisha koladara		Phone No: +1 (851)	138-0657	Address1: address 1	
Address2: address 2		Apt/Building#: 3-95		State 5	
City:	61 Zip Code: 55555	Relationship: Professional	How is this person rela	ted to you?: personal	
En	nergency Detail			-	
Nam	e: manisha koladara	Phone No: +1 (851) 13	8-0657	Address line 1: address 1	
Addı	ress line 2: address 2		Apt/Building#: 3-95	State 5	
City:	ZipCode: 55555	Relationship: Mother	How is this person rel	ated to yop?: test	
Fa	mily Detail				
Father Name:			Mother Name:		
Spor	use Name:		Parents Name:		
Chile	dren Name:		Siblings Name:		
	er In Low Name:		Mother In Low Name:		
Po	sition desired				
Posi	tion: Nurse	Start date position:	04/20/2021		
Are	you currently employed? Yes	If so, ma	y we contact your current employer?	Yes	
	nployment History		_		
List	your employers, beginning with the	most recent:			
#	Company	Address	Phone	Supervisor	
1	abc	address 1	+1 (851) 138-0657	test	
	lucational Background				
LIST	your schhols you attended, beginnii	ng with the most recent.			
#	Name and address	Years completed	Did you graduate?	Major/Degree	
1	manisha	2014	yes	mca	
Se	ecurity Detail				
Have	e you ever been bonded: 1		If so,exaplain: this isyt	est	
Have you been convicted of a falcony within the last 5 years?: If so,exaplain(this will not necessarily exclude you from consider					
	litary Detail	-	_		
Have	e you served in the militray?: Yes	Branch: ABC	Serve End Date: 04/10/2003	Serve Start Date: 04/08/2003	
Do y	ou have any militray commitment, ir	ncluding National Guard service that w	ould influence your work schedule?:	Yes If so,explain: this is	
Are	you Vietnam veteran?: Yes	Are you Disable veteran	P: Yes Are you s	pecial disable veteran?: Yes	
Sk	ills and Lanuage				
Skill	s: computer				
Engl	ish ☑ Read □ Write ☑ Fluent □ Mini	imal			
Pa	yroll Detail				
How many dependents?: 5		Name of Account: abc		ype of Account: salary	

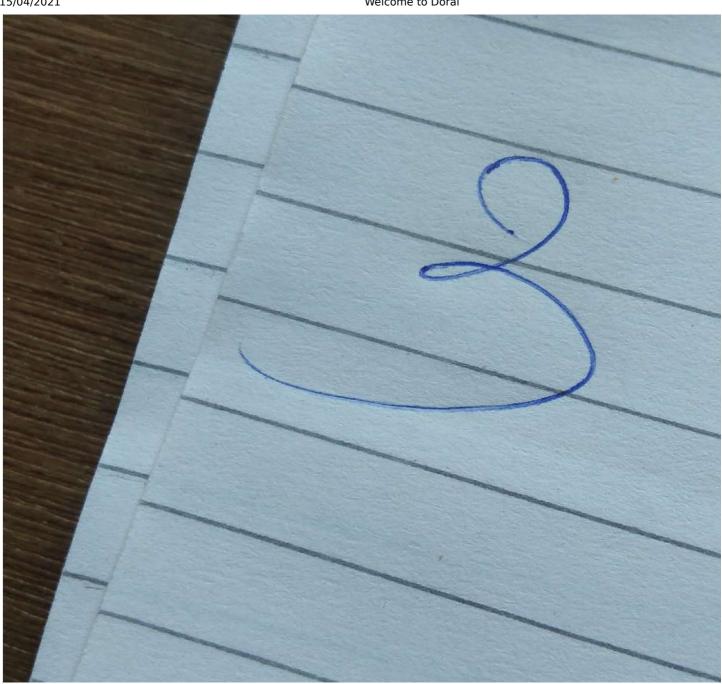
Account Routing Number: test Account Number: 123456

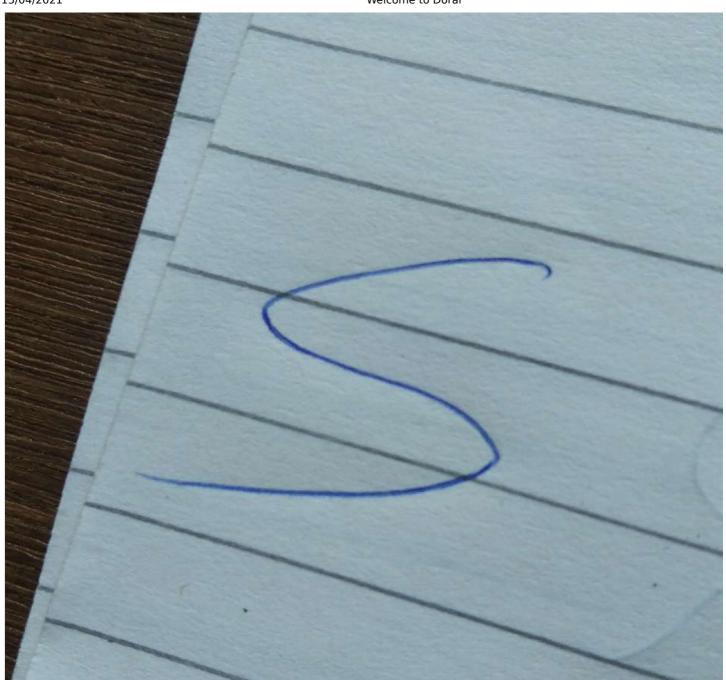
Document Verification Detail

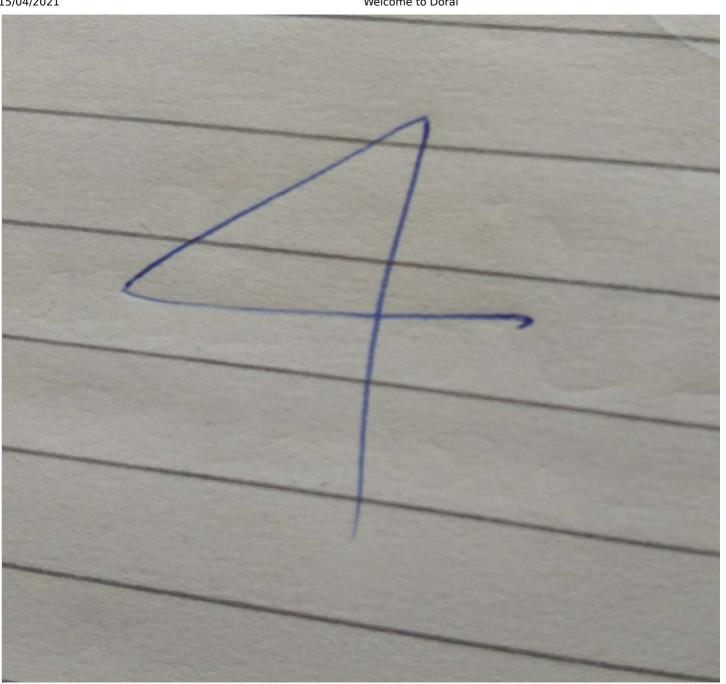
Upload Documentation.

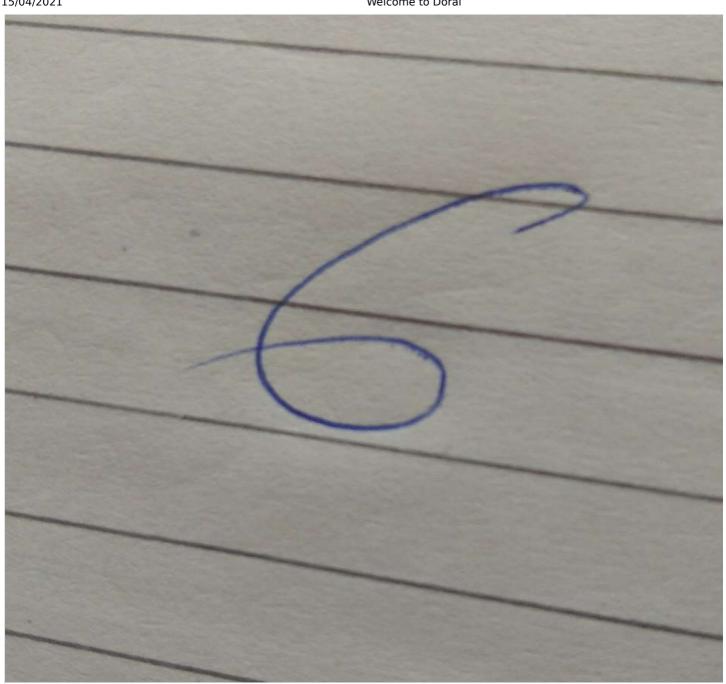
Document

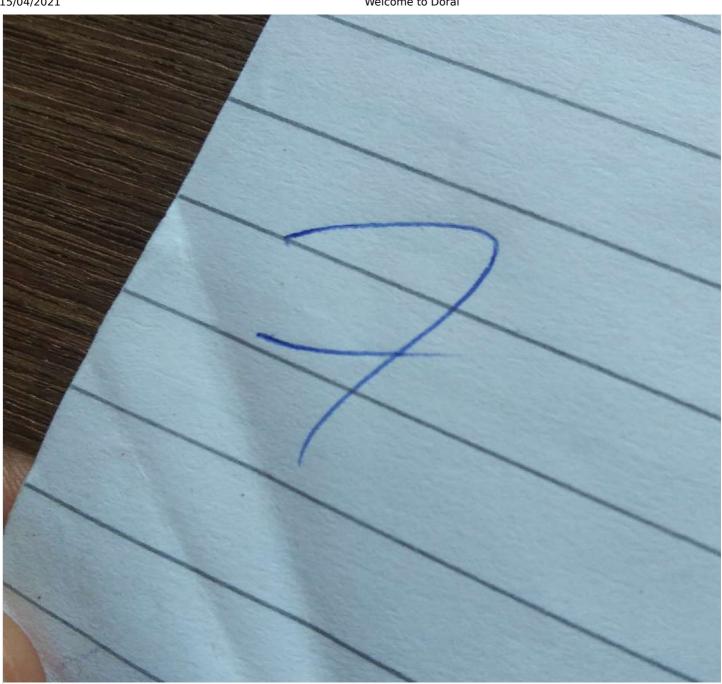


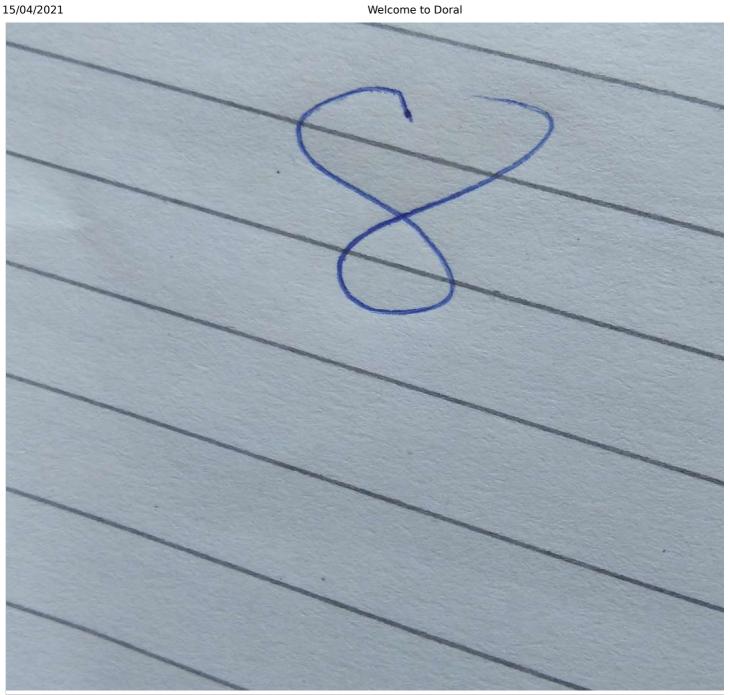


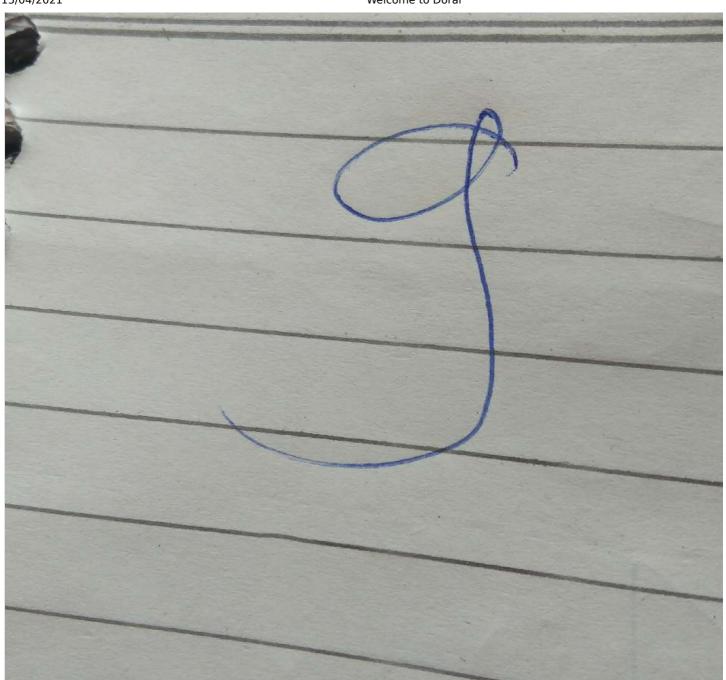


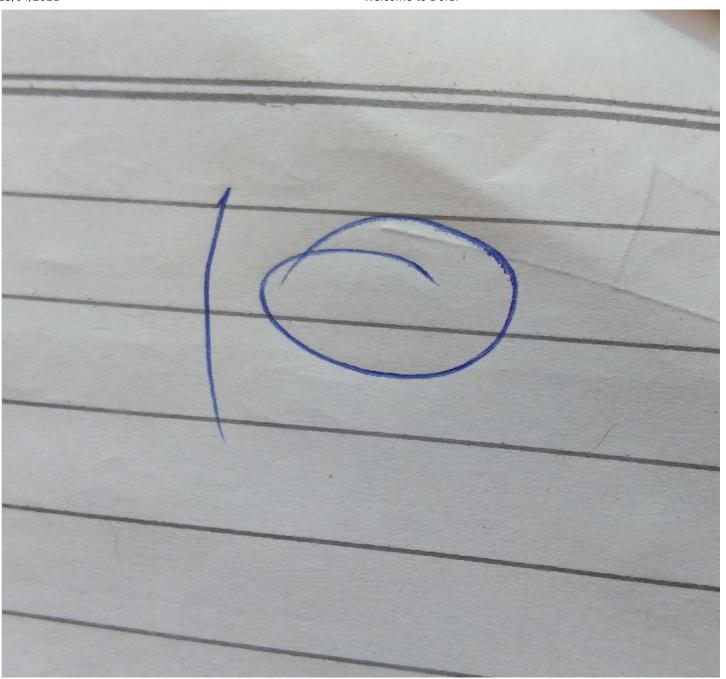


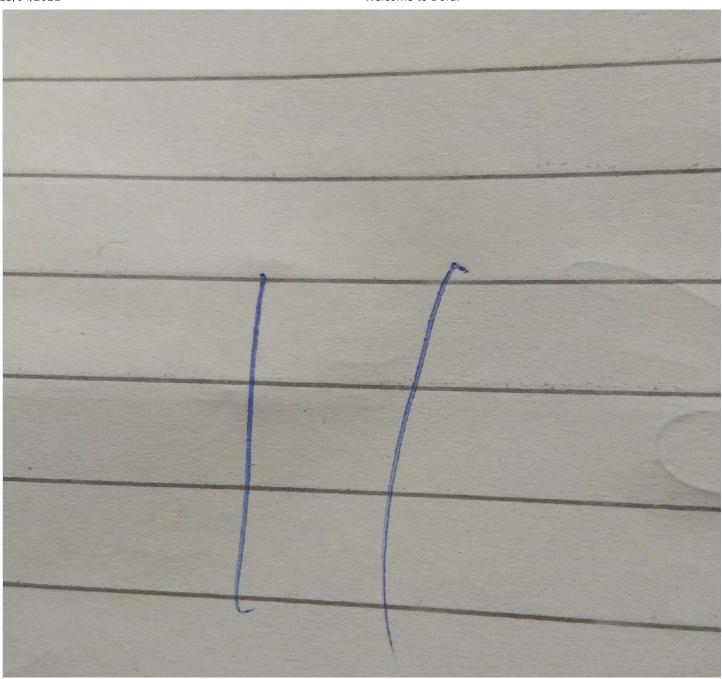


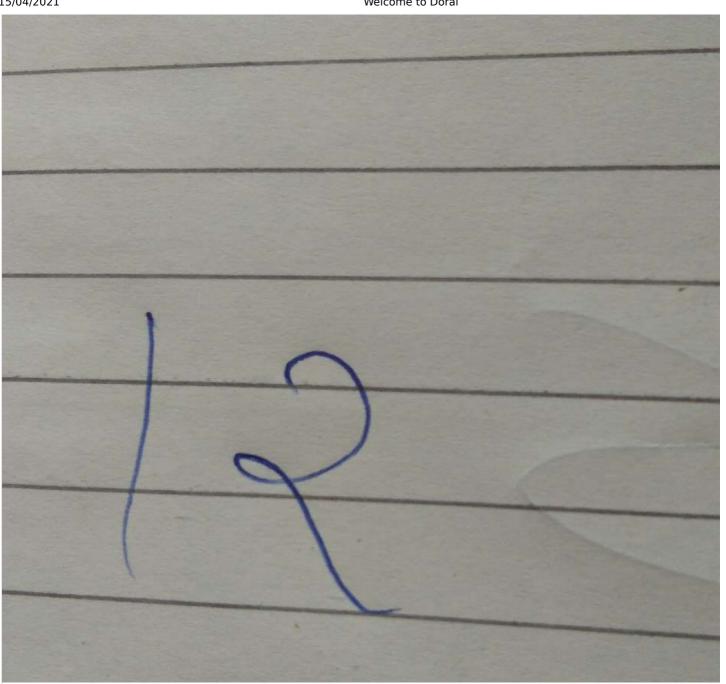


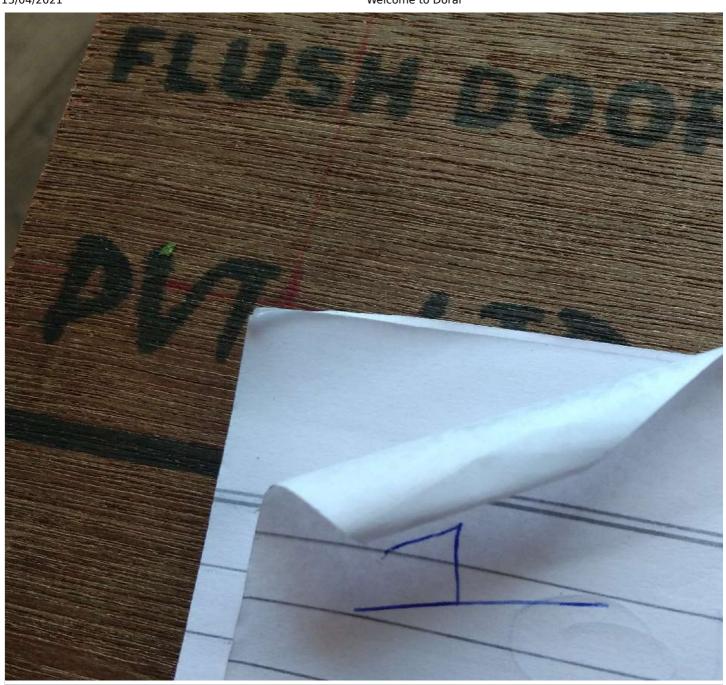












15/04/2021

