

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 <u>must be completed within 3 months: Dated of this year, English language, Valid Phone, NO RELATIVES</u>	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 (<u>completed within 6 months</u>) <u>LAB REPORT*</u>	(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 RESULTS 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? 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? 5 year

Reference 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 related to you?: personal

Emergency Detail

Name: manisha koladara Phone No: +1 (851) 138-0657 Address line 1: address 1
Address line 2: address 2 Apt/Building#: 3-95 State 5
City: 116 ZipCode: 55555 Relationship: Mother How is this person related to yop?: test

Family Detail

Father Name: Mother Name:
Spouse Name: Parents Name:
Children Name: Siblings Name:
Father In Low Name: Mother In Low Name:

Position desired

Position: Nurse Start date position: 04/20/2021
Are you currently employed? Yes If so, may we contact your current employer? Yes

Employment History

List your employers, beginning with the most recent:

#	Company	Address	Phone	Supervisor
1	abc	address 1	+1 (851) 138-0657	test

Educational Background

List your schhols you attended, beginning with the most recent.

#	Name and address	Years completed	Did you graduate?	Major/Degree
1	manisha	2014	yes	mca

Security Detail

Have you ever been bonded: 1 If so,explain: this isytest
Have you been convicted of a falcony within the last 5 years?: If so,explain(this will not necessarily exclude you from consideration):

Military Detail

Have you served in the militray?: Yes Branch: ABC Serve End Date: 04/10/2003 Serve Start Date: 04/08/2003
Do you have any militray commitment, including National Guard service that would influence your work schedule?: Yes If so,explain: this is
Are you Vietnam veteran?: Yes Are you Disable veteran?: Yes Are you special disable veteran?: Yes

Skills and Lanuage

Skills: computer
English ☒Read ☐Write ☒Fluent ☐Minimal

Payroll Detail

How many dependents?: 5 Name of Account: abc Type of Account: salary

Document Verification Detail

Upload Documentation.

Document

























