



**APPLICATION FOR EMPLOYMENT**

What position are you applying for \_\_\_\_\_ Type of Work:  Full time  Part time  On call

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt/Floor \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile Number \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Country \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Have you ever been convicted of a crime, including misdemeanor?  Yes  No If yes, please describe the crime and when it took place \_\_\_\_\_

Do you have a final finding of patient or resident abuse?  Yes  No

What is your citizenship or immigration status?  U.S. Citizen  Permanent Resident  Work Authorization

Where did you hear about us?  Indeed  ZipRecruiter  MyCNAJobs  LinkedIn  Google  Word-of-Mouth  Referral \_\_\_\_\_

**AVAILABILITY**

Please indicate with a check  the times you are available to work. This gives our client facilities an idea of your availability and the shifts that may, or may not, work with your schedule.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Evening							
Overnight							

**Note\*:** All staff, regardless of the type of work, are required to work **EVERY OTHER** Saturday and Sunday unless stated otherwise. By proceeding with this application, you acknowledge and agree to work every other weekend (both Saturday and Sunday; no exception). Please indicate above with a check  the shift(s) you are available to work on the weekend.

**EMPLOYMENT HISTORY**

Employer	Location	Phone #	Supervisor Name	Dates of Employment	
				From (mm/yyyy)	To (mm/yyyy)

give permission  do not give permission for you to contact my current employer for a reference.

**EDUCATIONAL BACKGROUND**

School/Program (begin with most recent school/program attended)	Degree/Certificate Earned	Year Graduated

give permission  do not give permission for you to contact my past educational institutions.

**PROFESSIONAL REFERENCES**

Please provide the name of three professional references (former employer, coworker, supervisor, etc.).

Professional Reference Name	Job Title	Where did you work together (company Name)?	Phone Number

I  give permission  do not give permission for you to contact my professional references.

**PROFESSIONAL CONDUCT**

We expect all employees to always conduct themselves with the utmost professionalism. It is required that employees follow the policies and procedures of each facility they are working in. Every employee is further responsible for accepting accountability and responsibility for their own actions. Employees must exercise informed judgment and use individual competency and qualifications when accepting responsibilities, duties, consultations, and delegating nursing activities to others.

**DRESS CODE**

Employees are required to wear the appropriate nursing uniforms or scrubs to all their assignments along with appropriate footwear. Clogs, slip-ons, or any type of sandals are unacceptable. Please be advised that dress code varies per nursing home. All staff must maintain a clean well-kept appearance with good hygiene. Nails must be kept clean and of a short, neat length. Please refrain from wearing excessive jewelry, make-up and / or perfumes.

**ORIENTATION**

Employees may be paid for their orientation after completing their classroom training and buddy up shifts. Orientation consists of 1–2 days classroom training and 3-5 days buddy up. If orientation is not completed, for any reason, no part of the orientation will be paid for. It is imperative that employees complete their orientation to be paid.

*Employees are responsible for their own schedules. Once you accept a shift or schedule you are obligated to fulfill that commitment.*

**OVERTIME & HOLIDAY PAYMENT AGREEMENT**

Overtime: Time-and-a-half is paid for hours worked over 40 hours in a week.

Holiday: Unless stated otherwise by the nursing home facility, if working on the holiday results in more than 40 hours worked that week, employee will **ONLY** be paid time-and-a-half for those extra hours NOT both (overtime and holiday). However, if the holiday hours exceed those extra overtime hours, then the employee will be paid time-and-a-half for the holiday hours. On rare occasions, a nursing home facility may pay both overtime and holiday hours worked in a week.

**CANCELLATION & LATENESS**

Dependability is expected and those employees who provide consistent, reliable service will be remembered, and the staffing coordinators will habitually contact you for scheduling. We do understand that extenuating circumstances do arise and a call-out may be unavoidable. If this should occur, it is your responsibility to contact the facility as soon as possible, and at least two hours before the start of the shift. **Lateness is unacceptable and will not be tolerated.** If you are running late, you must notify the facility. Persons with excessive lateness will be tracked and disciplinary action will be taken. Excessive lateness, cancellations or even one no-call no-show will result in disciplinary action, which may include termination.

**PLEASE READ BEFORE SIGNING**

My signature verifies that the information provided in this application is true and complete. I understand the agency is an Equal Opportunity Employer. I understand that falsification, including withholding of information, on this application is grounds for immediate dismissal if I am selected for a position. I further understand that if I am hired, I can be terminated, with or without cause and with or without notice. I agree to have my picture taken for identification purposes and to submit to fingerprinting and drug screening test upon request. I understand the agency has the right to run a criminal background check and may pass on the results upon request. I understand that the physical information that I provide to the agency may be released to any facility upon their request. I understand that all references listed above may be contacted in addition to past employers and educational institutions.

By signing this, I verify that I have read the above, had an opportunity to clarify information about items I did not understand and agree with the above parameters.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

### Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

### Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

### Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ \_\_\_\_\_

Multiply the number of other dependents by \$500 . . . . . \$ \_\_\_\_\_

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .

**3** \$

### Step 4 (optional): Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .

**4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .

**4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . . .

**4(c)** \$

### Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

### Employers Only

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)

**Notice and Acknowledgment of Pay Rate, Payday and Overtime  
Notice for Hourly Rate Employees**

**1. Employer Information**

**Name:** Empro Staffing

**Doing Business As (DBA) Name(s):**

**FEIN (optional):**

**Physical Address:** 1418 65<sup>th</sup> Street, Brooklyn, NY 11219

**Mailing Address:** 1418 65<sup>th</sup> Street, Brooklyn, NY 11219

**Phone:** (718) 435-6600

**2. Notice given:**

At hiring

Before a change in pay rate(s), allowances claimed or payday

**3. Employee's rate of pay:** \$ \_\_\_\_\_ per hour

**4. Allowances taken:**

None

Tips \_\_\_\_\_ per hour

Meals \_\_\_\_\_ per meal

Lodging \_\_\_\_\_

Other \_\_\_\_\_

**5. Regular payday:** Friday

**6. Pay is:**

Weekly

Bi-weekly

Other

**7. Overtime Pay Rate:** \$ \_\_\_\_\_ per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

**8. Employee Acknowledgment:**

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

**Check one:**

I have been given this pay notice in English because it is my primary language.

My primary language is \_\_\_\_\_. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Preparer's Name & Title

**The employee must receive a signed copy of this form. The employer must keep the original for 6 years.**

**Please note:** It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.