

NEW EMPLOYEE INFORMATION SHEET

NAME: _____ DATE OF BIRTH: _____

Height Color of Eyes Color of Hair Marital Status SS#

Were you ever injured on the job? Yes () No () E-Mail Address: _____

If "Yes", give details: _____

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Next of kin: _____ Phone: _____

Address: _____

Relationship: _____

I have received a copy of The Long Island Home (South Oaks/Broadlawn Manor Nursing & Rehabilitation Center) Employee Handbook and understand that it contains important information on the general Human Resources policies of the company, my privileges and obligations as an employee, and Statement of Patient's and Resident's Rights and Responsibilities. I will familiarize myself with the material in the handbook and understand that I am governed by its contents.

I acknowledge that the Rules of Conduct related to patient/resident confidentiality and other hospital records have been explained to me and I understand them.

I further understand and agree that the company may change, rescind or add to any policies, procedures, benefits or practices described in the handbook from time to time in its sole and absolute discretion with or without prior notice.

I have attended a new employee orientation session where body mechanics, accident prevention, hazardous materials, fire safety and customer service were discussed, as well as patient's rights and hospital/nursing home personnel policies.

Print Name

Date

Signature

Department

HR USE ONLY:

ID# _____

POSITION _____ 4