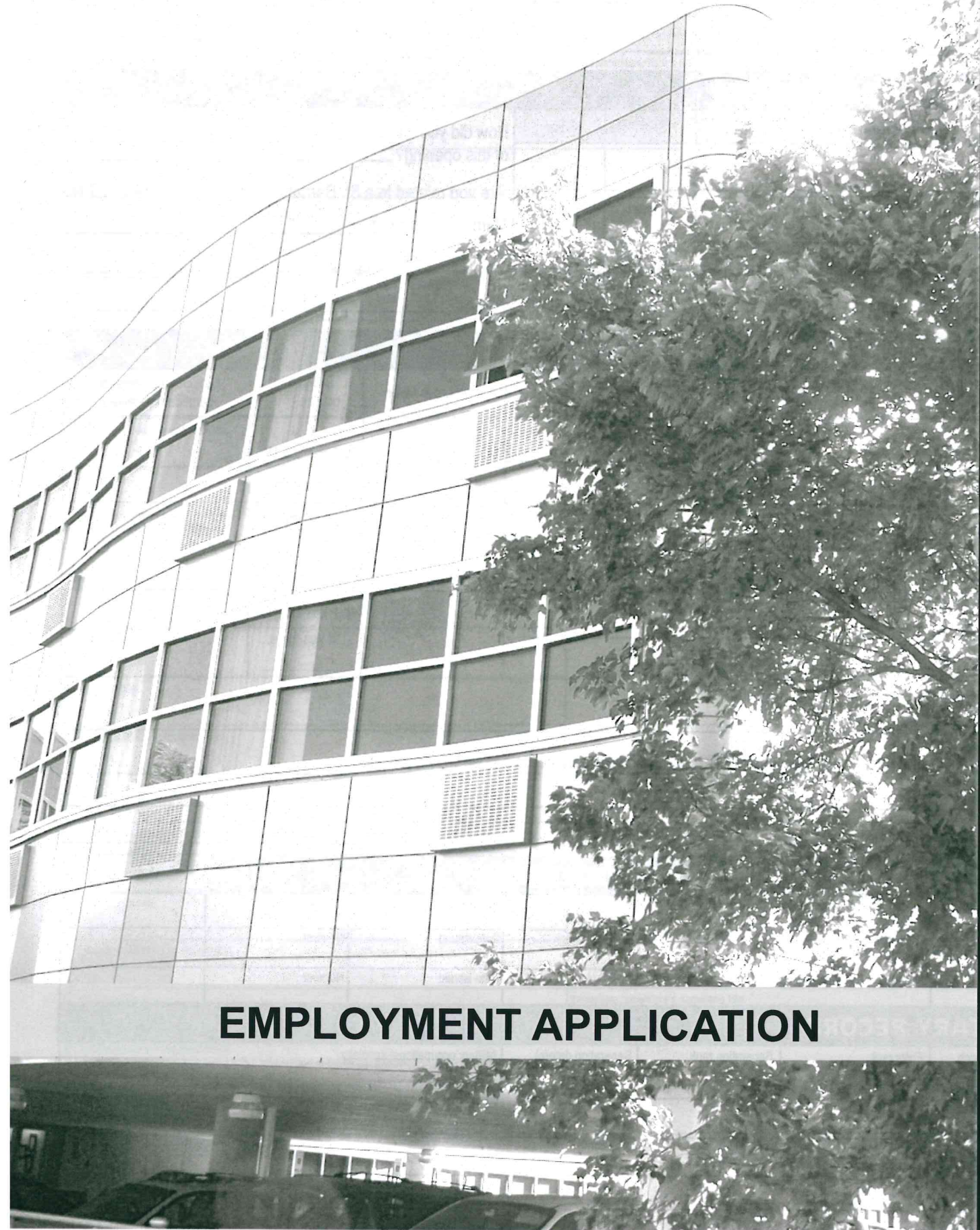


NAME: Last, First, Middle _____

Position _____

Date _____

EMPLOYMENT APPLICATION



PERSONAL INFORMATION

Name _____ Social Security _____
Last First Middle

Address _____ Phone _____
Street City State Zip

Email _____ Are you a U.S. citizen or have unrestricted work visa? Yes No
 (You may be required to provide documentation.)

EMPLOYMENT DESIRED

Type of work desired	Shift	Salary	How did you learn of this opening? _____
First Choice			Are you related to a St. Barnabas employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of employee _____
Second Choice			

Will you accept employment of: Full time Part time Temporary Date available _____

Have you ever been employed by St. Barnabas?: Yes No When/Where _____

EDUCATION / TRAINING

School	Name and address of school	Courses taken	Did you graduate?	Diploma, degrees, or certificate received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____	
Lab or X-ray training			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____	
Other classes or training				

In addition to your work history, are there other skills, qualifications, or experience that we should consider? _____

PROFESSIONAL LICENSES / CERTIFICATIONS

Type	Organization or state issued	Date issued	Number	Verif.
Type	Organization or state issued	Date issued	Number	
Type	Organization or state issued	Date issued	Number	

MILITARY RECORD

Military Branch	Entry rank	Separation rank	Separation date(s)	Military occupational specialty

Specialized training: _____

List service awards, commendations: _____

EMPLOYMENT HISTORY

List most recent employer first and all others in reverse chronological order.

Company name	Dates employed		Month	Year	Month	Year
	From			to		
Address (Street, city, state, zip)	Phone		Starting salary		Ending salary	
Position title	Immediate supervisor's name and title					
Job description / responsibilities						
May we contact for reference?			Reason for leaving			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Company name	Dates employed		Month	Year	Month	Year
	From			to		
Address (Street, city, state, zip)	Phone		Starting salary		Ending salary	
Position title	Immediate supervisor's name and title					
Job description / responsibilities						
May we contact for reference?			Reason for leaving			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Company name	Dates employed		Month	Year	Month	Year
	From			to		
Address (Street, city, state, zip)	Phone		Starting salary		Ending salary	
Position title	Immediate supervisor's name and title					
Job description / responsibilities						
May we contact for reference?			Reason for leaving			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Company name	Dates employed		Month	Year	Month	Year
	From			to		
Address (Street, city, state, zip)	Phone		Starting salary		Ending salary	
Position title	Immediate supervisor's name and title					
Job description / responsibilities						
May we contact for reference?			Reason for leaving			
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Have you ever been convicted of a crime? Yes No If so, for what, when, and where? _____

Conviction of a criminal offense will not necessarily preclude your employment. If you have further information which may assist us in placing you, provide here: _____

REFERENCES List three references who are not relatives or former employer			
Name and relationship	Title	Company name and address	Phone

AVAILABILITY

Primary position desired _____

Will you accept another position? Yes No

If so, what? _____

Are you available to work:

Weekends Yes No Holidays Yes No

Rotating Shifts Yes No On Call Yes No

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

Applicant signature Date

If your availability status changes, it is your responsibility to notify your department head or supervisor. Such changes will be effective, then, for any future employment.

Indicate days and hours you are available for work (be specific).		
Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

St. Barnabas does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam-era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give St. Barnabas the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by St. Barnabas at such times and places as St. Barnabas shall designate. I understand that an offer of employment may be contingent on passing the drug test and physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.