

254 Easton Avenue.  
 New Brunswick, NJ 08901  
 732-745-8600  
 www.saintpetershcs.com

## EMPLOYMENT APPLICATION

*Please print all information* (Specific position must be listed or application cannot be accepted.)

Position applying for \_\_\_\_\_

Professional Lic./Cert. \_\_\_\_\_

Date expires \_\_\_\_\_

**Personal Information**

Today's Date: \_\_\_\_\_

 Name \_\_\_\_\_  

Last
First
Middle Initial

 Present Address \_\_\_\_\_  

Street
City
State
Zip

 Home Phone no. ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_  

area code

 Cell Phone no. ( ) \_\_\_\_\_ May we contact you at work?  Yes  No  

area code

Email Address: \_\_\_\_\_ Work Phone No. \_\_\_\_\_

 Are you under 18 years of age?  Yes  No

 Are you authorized to work in the U.S.?  Yes  No

 Referral Source  Job Fair  Walk In  Saint Peter's Website  Advertisement in \_\_\_\_\_  Other \_\_\_\_\_

 Employee Print the name of the employee who referred you \_\_\_\_\_

If related to a Saint Peter's Healthcare System employee, state name: \_\_\_\_\_

 Have you ever been employed by Saint Peter's Healthcare System?  Yes  No If so, when? From \_\_\_\_\_ To \_\_\_\_\_

**Employment Desired**  Full Time  Part Time  Per Diem

 Salary desired \$ \_\_\_\_\_ Date you can start \_\_\_\_\_ Are you employed now?  Yes  No

**Shift hours**

 Shifts available to work  Day  Evening  Night  Weekends

 Will you work weekends/holidays?  Yes  No

 With or without reasonable accommodation, do you have the ability to perform the essential functions of the job you are applying for?  Yes  No (Please ask for job description)

 Are you currently excluded, suspended, debarred or otherwise ineligible to participate in Federal or New Jersey Health Care Programs?  Yes  No

Education	Name and location of school	No. years attended	Degree/Cert	Major	Did you Graduate?
Grammar School					Y N
High School					Y N
College					Y N
College					Y N
Specialized Training					
Other skills or qualifications (include first aid, emergency squad experience, CPR, etc.)					

## Employment History

*Begin with your last or present position. Under "Dates employed" please give month and year.*

Dates employed	Name and complete address of employer	Type of Business
From ____/____/____		
To ____/____/____		

Title \_\_\_\_\_ Salary: per hour \$ \_\_\_\_\_

This position is/was  Full Time  Part Time  Day  Evening  Night per year \_\_\_\_\_

Description of duties \_\_\_\_\_ number of hours worked per week \_\_\_\_\_

Name of last supervisor \_\_\_\_\_ Title \_\_\_\_\_

May we contact?  Yes  No Phone No.: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates employed	Name and complete address of employer	Type of Business
From ____/____/____		
To ____/____/____		

Title \_\_\_\_\_ Salary: per hour \$ \_\_\_\_\_

This position is/was  Full Time  Part Time  Day  Evening  Night per year \_\_\_\_\_

Description of duties \_\_\_\_\_ number of hours worked per week \_\_\_\_\_

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May we contact?  Yes  No Phone No.: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Name of last supervisor \_\_\_\_\_ Title \_\_\_\_\_

May we contact?  Yes  No Phone No.: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## Professional References

Name and Title	Phone Numbers Work:  Home:	Company Name, Professional Relationship
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