

EMPLOYMENT APPLICATION

GENERAL INFORMATION				
Name	Last:	First:	Email:	
Address	Street:	City:	State:	Zip Code:
How long at address listed above? _____ years _____ months			Home telephone: ()	
Applying for what position?			Salary/Wage expected:	
Applying for: <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> 1 st shift <input type="checkbox"/> 2 nd shift <input type="checkbox"/> 3 rd shift			Are you willing to work any day(s), shift(s), including nights, or overtime as assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for Mountainside Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____ _____				
Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Job Posting <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Employee <input type="checkbox"/> Walk-in <input type="checkbox"/> Job Fair <input type="checkbox"/> New Acquisition <input type="checkbox"/> Other _____	
Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either question, provide details including nature of the crime, dates, and location:			<i>(Record of charges or convictions do not necessarily disqualify applicant from employment consideration. Criminal record checks may be required as a condition of your employment.)</i>	
In order to verify your records, please list any other name(s) (e.g., maiden) by which you may have been known and relevant dates:				
EDUCATION & TRAINING INFORMATION				
	School/Location	Degree	Course/Major	Year(s)
High School:				
College(s):				
Graduate School:				
Business/Vocation:				
Apprentice training or other courses:				
LICENSES, CERTIFICATES, OR PROFESSIONAL MEMBERSHIPS: <i>(Do not include your driver's license)</i>				
REFERENCES <i>Give the names of three persons to be used as work related references.</i>				
Name	Address	Phone #	Occupation	Years Acquainted

