



APPLICATION FOR EMPLOYMENT

JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, RELIGION, CREED, GENDER, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN'S STATUS.

APPLICANT ID _____
DATE/UPDATE _____
NAME _____
FOR HUMAN RESOURCES USE: _____

APPLICANT DATA:

NAME _____ SOCIAL SECURITY NO. _____ - _____ - _____
(PLEASE PRINT) LAST FIRST MIDDLE

ADDRESS _____ CITY _____ STATE _____ ZIP _____
STREET AND NUMBER

HOME PHONE _____ PHONE FOR MESSAGE _____
AREA CODE AREA CODE

REFERRAL SOURCE:

WALK IN NEWSPAPER AD WEBSITE SCHOOL JTDMH Employee _____ Other _____
(Please list name) (Please list)

EMERGENCY CONTACTS:

NAME _____ PHONE _____
(PLEASE PRINT) LAST FIRST RELATIONSHIP AREA CODE

ADDRESS _____ CITY _____ STATE _____ ZIP _____
STREET AND NUMBER

JOB DATA:

POSITION(S) DESIRED _____ DATE AVAILABLE FOR WORK _____

SHIFT(S) AVAILABLE TO WORK? DAYS EVENINGS NIGHTS ROTATING SHIFTS
 FULL TIME PART TIME CALL-IN LISTING SUMMER ONLY TEMPORARY

WILL YOU WORK WEEKENDS? YES NO SALARY EXPECTED \$ _____

SPECIFY DAYS AND HOURS NOT AVAILABLE TO WORK _____

WERE YOU FORMERLY EMPLOYED BY JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL? YES NO

IF YES, WHEN AND IN WHAT DEPT.? _____

BRIEFLY OUTLINE YOUR CAREER GOALS AND OBJECTIVES: _____

SKILLS:
 TYPING, WPM _____ MEDICAL TERMINOLOGY COMPUTER _____
 OTHER RELEVANT SKILLS FOR DESIRED POSITION: _____

EDUCATION:

NAME & ADDRESS:	GRADUATED:	DEGREE/MAJOR:
HIGH SCHOOL _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
COLLEGE _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
NURSING SCHOOL _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
CERTIFICATIONS _____		_____
OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
PROFESSIONAL REGISTRATION/LICENSURE _____		_____
TITLE _____ NO. _____ STATE _____		EXP. DATE _____

WORK EXPERIENCE:

1. NAME _____ COMPLETE ADDRESS _____

DATES: (mo./yr.) FROM _____ TO _____ REASON FOR LEAVING _____

POSITION AND DUTIES _____ PHONE _____

RATE OF PAY _____ SUPERVISOR _____ MAY WE CONTACT THIS EMPLOYER? YES NO

2. NAME _____ COMPLETE ADDRESS _____

DATES: (mo./yr.) FROM _____ TO _____ REASON FOR LEAVING _____

POSITION AND DUTIES _____ PHONE _____

RATE OF PAY _____ SUPERVISOR _____ MAY WE CONTACT THIS EMPLOYER? YES NO

3. NAME _____ COMPLETE ADDRESS _____

DATES: (mo./yr.) FROM _____ TO _____ REASON FOR LEAVING _____

POSITION AND DUTIES _____ PHONE _____

RATE OF PAY _____ SUPERVISOR _____ MAY WE CONTACT THIS EMPLOYER? YES NO

MILITARY:

BRANCH OF SERVICE _____ DATE ENTERED _____ DATE OF DISCHARGE _____

ARE YOU A MEMBER OF ANY MILITARY RESERVE UNIT? YES NO IF YES, GIVE NAME _____

SPECIAL EXPERIENCE _____

PERSONAL OR PROFESSIONAL REFERENCES (OTHER THAN RELATIVES)

NAME _____ PHONE 1 _____ PHONE 2 _____ OCCUPATION _____

1. _____

2. _____

3. _____

MISCELLANEOUS:

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A.? YES NO

ARE YOU 18 YRS. OF AGE OR OLDER? YES NO IF UNDER 18 YRS. OF AGE, DO YOU HAVE THE PROPER WORK PERMIT? YES NO

DO YOU HAVE ADEQUATE TRANSPORTATION TO GET YOU TO AND FROM THE HOSPITAL IN A RELIABLE MANNER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? YES NO

IF YES, WHEN? _____ EXPLAIN: _____

(CRIMINAL CONVICTIONS ARE NOT AN ABSOLUTE BAR TO EMPLOYMENT, BUT WILL ONLY BE CONSIDERED IN RELATION TO SPECIFIC JOB REQUIREMENTS)

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT MY ANSWERS TO THE QUESTIONS ARE TRUE. TO SAFEGUARD THE WELFARE OF MYSELF, MY ASSOCIATES, THE PATIENTS AND THE HOSPITAL, I WILL CONSENT TO ALL PHYSICAL AND OTHER EXAMINATIONS REQUIRED AT ANY TIME BY JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL. I UNDERSTAND A CONDITION OF EMPLOYMENT IS THAT I PASS ALL SUBSTANCE ABUSE DRUG/ALCOHOL TESTING. I ALSO UNDERSTAND THAT IS EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. ADDITIONALLY, I UNDERSTAND THAT EMPLOYMENT AT JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL CAN BE TERMINATED AT ANY TIME FOR ANY REASON BY THE EMPLOYEE OR THE HOSPITAL.

I AGREE TO WORK THE HOURS, DAYS AND SHIFTS AS NEEDED OR IN ANOTHER AREA OR CLASSIFICATION IF REQUESTED TO DO SO, AND WILL CONDUCT MYSELF ACCORDING TO THE POLICIES AND REGULATIONS OF THIS HOSPITAL. I UNDERSTAND THAT THIS APPLICATION IS NOT NOR IS IT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

I HAVE AUTHORIZED JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL TO INVESTIGATE WITHOUT LIABILITY WHATSOEVER ALL STATEMENTS CONTAINED IN THIS APPLICATION AND CONTACT PREVIOUS EMPLOYERS, PERSONAL AND EDUCATIONAL REFERENCES LISTED IN THIS APPLICATION. I ALSO RELEASE ALL INDIVIDUALS OR ORGANIZATIONS CONTACTED OF ALL LIABILITY WHATSOEVER FOR ISSUING ANY REQUESTED INFORMATION.

SIGNATURE OF APPLICANT _____ DATE _____



FOR HUMAN RESOURCES USE ONLY!

WORK REFERENCE: COMPANY NAME: _____ CONTACT: _____

EMPLOYMENT DATES: As Given VARIANCE From _____ To _____

Position Held _____ Is Applicant Eligible For Re-Hire? Yes No

Reason For Leaving _____

	Superior	Good	Fair	Poor		Superior	Good	Fair	Poor
Job Performance					Dependability				
Attendance & Punctuality					Cooperation				
Customer Service					Ability to get along with others				

COMMENTS: _____

_____ DATE _____

PERSONAL REFERENCE: NAME: _____

How do you know applicant? _____ How long have you known applicant? _____

	Superior	Good	Fair	Poor		Superior	Good	Fair	Poor
Trustworthy					Ability to get along with others				
Intelligence					Dependability				

COMMENTS: _____

_____ DATE _____

ADDITIONAL REFERENCE: NAME: _____

How do you know applicant? _____ How long have you known applicant? _____

	Superior	Good	Fair	Poor		Superior	Good	Fair	Poor
Trustworthy					Ability to get along with others				
Intelligence					Dependability				

COMMENTS: _____

_____ DATE _____

APPLICANTS - DO NOT WRITE ON THIS PAGE.

FOR JTDMH USE ONLY.

INTERVIEWED BY: _____ DATE _____

FOR (POSITION) _____

COMMENTS: _____

WOULD YOU RECOMMEND THAT THIS APPLICANT BE GIVEN FURTHER CONSIDERATION FOR THIS POSITION? Yes No
FOR FUTURE POSITIONS? Yes No

INTERVIEWED BY: _____ DATE _____

FOR (POSITION) _____

COMMENTS: _____

WOULD YOU RECOMMEND THAT THIS APPLICANT BE GIVEN FURTHER CONSIDERATION FOR THIS POSITION? Yes No
FOR FUTURE POSITIONS? Yes No

REASON APPLICANT NOT CHOSEN:

- NO JOB OPENINGS NOT QUALIFIED POSITION FILLED JOB HISTORY POOR APPLICATION
- POOR REFERENCE POOR INTERVIEW AVAILABILITY PAY DIFFERENCE

ADDITIONAL NOTES: _____

FOR HR USE ONLY:

DATE APPLICATION RECEIVED FOR PROCESSING _____

REFERENCES CHECKED _____

CRIMINAL RECORD RESPONSE DOUBLE CHECKED _____

CUSTOMER SERVICE QUESTIONNAIRE TAKEN AND SCORED _____

IF PREVIOUS EMPLOYEE, FILE CHECKED _____

FOR DEPARTMENT USE:

NEW POSITION REPLACEMENT FOR _____ DATE TO START _____

DEPARTMENT _____ POSITION _____ SHIFT _____

FULL TIME TWO-DAY SCHEDULE PART TIME, HOURS PER PAY PERIOD

TEMPORARY, TO WHAT DATE _____ CASUAL A CASUAL B

PAY RATE _____ 8 HOUR 10 HOUR 12 HOUR

DEPT. HEAD SIGNATURE _____ DATE _____