



### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for (List both if applying for two) \_\_\_\_\_

Applying For:  Full Time  Part Time  PRN  Temporary

Would you consider working  Weekends and Holidays  Rotating shifts  On Call  Extended shifts

How did you hear about this hospital/position? \_\_\_\_\_

Do you have friends/relatives employed at W.N.J.? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when and what position? \_\_\_\_\_

Have you ever been convicted, placed on probation, or accepted deferred adjudication in a court of law for any crime under any name? YES  NO

Are you presently charged with any violations of the law other than traffic violations? YES  NO

If yes, please explain: \_\_\_\_\_

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list three personal references who are not relatives or employers.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts**

*Persons to be contacted in case of an emergency*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Professional Licenses and/or Certifications**

License/Certificate Name	State Issued	Original Issue Date	Current Expiration Date	Number
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List any computer skills or programs you are experienced in \_\_\_\_\_

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURES BELOW:

I hereby declare that all the above information is true and correct to the best of my knowledge. I understand that if any of the statements made by me on this application are misrepresented, falsified, misleading by omission, or if a check with my former employers reveals that I would make an unsatisfactory employee, my application will be void or my employment may be terminated immediately, whichever is applicable.

I authorize schools, references, my prior employers, and physicians or other medical practitioners to furnish records, reason for leaving their employ, and all other information concerning me whether on record or not to Wilson N. Jones Regional Medical Center. I also release any individual, partnership, or corporation which formerly employed me, its officers, agents, and employees from any and all liability or claims for damage whatsoever for issuing such information.

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that Wilson N. Jones follows a strict Drug Free and Tobacco Free Workplace policy and I will be required to satisfactorily complete an alcohol/drug screening as a condition of employment.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will merely be a gratuitous statement of Wilson N. Jones Regional Medical Center's current policies. In addition, I understand that the policies and procedures are subject to change without notice.

In consideration of my employment, I agree to conform to the policies and practices of Wilson N. Jones Regional Medical Center and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Wilson N. Jones or myself.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_