



Clifton-Fine Hospital

A SAMARITAN HEALTH PARTNER

APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Employment Application* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, gender identity, transgender status, gender dysphoria, marital or family status, pregnancy, military status, veteran status, predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other protected class or status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should notify an organization representative.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number ()				
	E-mail Address		Cell Phone Number ()				
	Street Address						
	City			State		Zip Code	
	Position Applied For			Salary or Hourly Wage Desired \$			
	Are you Available to Work		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	Date Available to Begin Work	
	(check all that apply)		<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Nights		
	Are you 18 years of age or older?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever submitted an application and/or interviewed for employment with our organization? If yes, give month and year ____/____/____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been employed with our organization before? If yes, give dates. From ____/____/____ to ____/____/____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		# of Years Completed	Did you Graduate?	Diploma or Degree Obtained	GPA
	High School				() Yes () No		
	College				() Yes () No		
	Dates Attended	From	To		() Yes () No		
	Other				() Yes () No		
SKILLS	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:			List any certificates, licenses, or professional achievements that would support your qualifications for employment:			
	Drivers' License Identification Number: (Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)			State of Issuance:			

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than four jobs, provide this information on another sheet and attach to this Application Form.

Present or Last Employer

If current employer, may we contact? Yes No

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Current or Ending Pay Rate
Title of Position	Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Ending Pay Rate
Title of Position	Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

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Description of duties, responsibilities and significant accomplishments

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Employment Dates (Month/Year)	Ending Pay Rate
Title of Position	Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

REFERENCES (List three references other than relatives)

Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known

CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform the organization of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years? Yes No

Do you have any pending criminal charges against you at this time? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime as it relates to the job applied for, and rehabilitation will be considered. The organization reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this Employment Application is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or, termination of employment, if already hired.

I authorize verification of all of the information I have provided on this Employment Application and understand that additional information may be needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

After a conditional offer of employment, I understand that a pre-employment medical examination must be passed to the organization's satisfaction before starting work.

The organization is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test will be required before starting work. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

I understand that if employed, I am required to abide by all policies, procedures, rules, and regulations of the organization. I also understand and agree that, if hired, my employment is "at-will" and is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the organization at any time with or without cause or notice.

Date _____ Signature of Applicant _____