

Jersey Shore Hospital
Applicant Flow Sheet

Qualified applicants are considered for positions regardless of race, color, religion, sex, national origin, disability, marital status, veteran status, or other protected categories such as age, creed, or status with regard to public assistance.

To ensure that we comply with the applicable laws and other requirements, we must keep records about our applicants for employment. Please help us by completing this voluntary questionnaire. The questionnaire will be kept in a confidential file separate from the application for employment. Refusal to complete this voluntary questionnaire will not subject you to any adverse treatment with respect to your application for or potential employment with the hospital.

Your Name _____ Date _____

Address _____ Phone _____

Position Desired _____

Please indicate below which apply to you:

____ I do not wish to supply the information requested on this form. I understand that a Hospital employee may complete this form based on a visual observation of me.

I am:

- | | |
|------------------------------------|-------------------------------|
| ____ Male | ____ White |
| ____ Female | ____ Asian/Pacific Islander |
| ____ American Indian/Alaska Native | ____ Handicapped |
| ____ Hispanic | ____ Not Handicapped |
| ____ Black | ____ Perceived as Handicapped |

This form was completed by:

____ Applicant ____ Other

Name _____ Date _____

JERSEY SHORE HOSPITAL

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date