



APPLICATION FOR EMPLOYMENT

**SAINT JOSEPH'S MEDICAL CENTER
127 SOUTH BROADWAY
YONKERS, NY 10701**

An equal opportunity employer. The Medical Center does not discriminate with regard to hiring or terms of employment on the basis of race, creed color, national origin, sex, marital status, disability or age.

Name _____ Date _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone No. (____) _____ Lived at address, how long? _____

Social Security No. _____ Are you over the age of 18? _____

Are you a U.S. Citizen? _____ If not, Type of Visa _____ Reg.# _____

Have you ever been convicted of a crime, excluding minor traffic offenses? _____

If yes, explain _____

Position Desired _____ Salary Requirement _____

Other Position _____ Permanent _____ Full Time _____

Shift Preferred _____ Other _____ Temporary _____ Part Time _____

Are you able to work weekends? _____ If Part Time days available? _____

Referred by: _____ If Temporary, how long? _____

Have you previously applied for a position at St. Joseph's Hospital or St. Joseph's Nursing Home? _____

Have you been previously employed by St. Joseph's Hospital or Nursing Home? _____

If previously employed, state when and in what capacity. From _____ To _____

Position and/or Title _____

Reason for leaving _____

U.S. Military Service Record:

Branch _____ Date Entered _____ Date of Discharge _____

Service School _____ Type of Discharge _____

EMPLOYMENT HISTORY: (List last employer first)

DATES OF EMPLOYMENT From: _____ To: _____		EMPLOYER'S NAME & ADDRESS
FINAL SALARY	JOB TITLE	REASON FOR LEAVING

DESCRIPTION OF DUTIES

SUPERVISOR'S NAME	JOB TITLE	TELEPHONE
DATES OF EMPLOYMENT From: _____ To: _____		EMPLOYER'S NAME & ADDRESS
FINAL SALARY	JOB TITLE	REASON FOR LEAVING

DESCRIPTION OF DUTES:

SUPERVISOR'S NAME	JOB TITLE	TELEPHONE
DATES OF EMPLOYMENT From: _____ To: _____		EMPLOYER'S NAME & ADDRESS
FINAL SALARY	JOB TITLE	REASON FOR LEAVING

DESCRIPTION OF DUTES:

SUPERVISOR'S NAME	JOB TITLE	TELEPHONE
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RECORD OF EDUCATION

LEVEL	NAME	LOCATION	COURSE/DEGREE
HIGH SCHOOL			
COLLEGE			
GRADUATE OR (1) OTHER SCHOOL (2)			

List below all licenses and permits that pertain to this application for employment

TYPE OF LICENSE OR PERMIT	STATE ISSUED	NUMBER	EXPIRATION DATE

DESCRIBE EFFORTS THAT YOU HAVE RECENTLY MADE TO FIND A POSITION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I understand that my employment is subject to satisfactory completion of an employee health examination positive references and criminal background check if unlicensed direct care giver for nursing home. I further certify that I have never been sanctioned by Medicare, Medicaid or found guilty of Medicare, Medicaid fraud or any other Federal Health Care Program and that no such charge is pending.

Signature of Applicant: _____ Date: _____

FOR DEPARTMENT USE ONLY

Human Resources

Use Only

- 1
- 2
- 3
- 4

T/O#: _____ / _____ / _____ Grade _____ Step _____ Salary _____