



GIRARD MEDICAL CENTER

North Philadelphia Health System

8th St & Girard Ave Philadelphia, PA 19122



ST. JOSEPH'S HOSPITAL



APPLICATION FOR EMPLOYMENT

Federal, state, & local laws prohibit discrimination in employment because of race, color, creed, age, sex, sexual preference, marital status, national origin, physical handicap, or medical condition. We are an Equal Opportunity Employer. A copy of this application is available to you on request.

PLEASE READ CAREFULLY – PRINT CLEARLY – ANSWER ALL QUESTIONS

EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK	
SEEKING HOURS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> FLEX / POOL <input type="checkbox"/> TEMPORARY	SEEKING SHIFT: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> WEEKEND
DATE OF APPLICATION	DATE AVAILABLE FOR WORK

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS		CITY	ST	ZIP	
HOME PHONE		WORK PHONE			
SOCIAL SECURITY NUMBER		OTHER NAMES USED			
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO: TYPE OF VISA _____ & NUMBER _____)			
HAVE YOU WORKED FOR N.P.H.S. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES: WHICH LOCATION <input type="checkbox"/> GMC <input type="checkbox"/> SJH, POSITION _____, & DATES _____)					
HOW DID YOU HEAR ABOUT N.P.H.S.? <input type="checkbox"/> AD IN _____ <input type="checkbox"/> N.P.H.S. ASSOCIATE _____ <input type="checkbox"/> JOB FAIR AT _____ <input type="checkbox"/> MAILING ABOUT _____ <input type="checkbox"/> WALK-IN _____ <input type="checkbox"/> OTHER _____					
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (OTHER THAN MINOR TRAFFIC VIOLATION)? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN & GIVE DATES) _____ (NOTE: A CRIMINAL CONVICTION IS NOT AN ABSOLUTE BAR TO EMPLOYMENT)			HAVE YOU EVER BEEN DISCHARGED FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN & GIVE EMPLOYER NAME & DATES) _____		
DOES N.P.H.S. EMPLOY ANY OF YOUR RELATIVES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES: NAME _____		DEPT _____		RELATION _____	
NAME _____		DEPT _____		RELATION _____	

EDUCATION

HIGH SCHOOL		CITY, STATE		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGES/ OTHER SCHOOLS	CITY, STATE	DATES ATTENDED	DID YOU GRADUATE?	DIPLOMA, DEGREE, OR CERTIFICATE?	COURSE OF STUDY
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

PROFESSIONAL LICENSURE / REGISTRATION / CERTIFICATION

TYPE OF LICENSE, REGISTRY, OR CERTIFICATION	ISSUING STATE OR ORGANIZATION	NUMBER	ISSUED DATE	EXPIRATION DATE

IF NOT LICENSED, REGISTERED, OR CERTIFIED, GIVE DATE OF EXPECTED EXAM: _____

CPR CERTIFICATION: TYPE _____ EXPIRATION DATE _____

SPECIALIZED SKILLS

PERSONAL COMPUTER: SOFTWARE USED _____

WORD PROCESSING TRANSCRIPTION

TYPING: _____ WPM SHORTHAND: _____ WPM

MEDICAL TERMINOLOGY HOSPITAL BILLING

OTHER SPECIAL SKILLS: _____

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EMPLOYMENT HISTORY

PLEASE LIST JOB HISTORY (INCLUDING MILITARY SERVICE) STARTING WITH PRESENT OR MOST RECENT EMPLOYMENT. MAY ALSO ATTACH RESUME.

FROM (MO/YR)	<u>EMPLOYER (MOST RECENT)</u>	SUPERVISOR
TO (MO/YR)		NAME _____
STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED		TITLE _____ PHONE _____ MAY WE CONTACT (if present employer)? <input type="checkbox"/> YES <input type="checkbox"/> NO
SALARY		POSITION TITLE
ADDRESS _____		
CITY _____ ST _____ ZIP _____		

DUTIES/RESPONSIBILITIES:

REASON FOR LEAVING:

FROM (MO/YR)	<u>EMPLOYER</u>	SUPERVISOR
TO (MO/YR)		NAME _____
STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED		TITLE _____ PHONE _____
SALARY		POSITION TITLE
ADDRESS _____		
CITY _____ ST _____ ZIP _____		

DUTIES/RESPONSIBILITIES:

REASON FOR LEAVING:

FROM (MO/YR)	<u>EMPLOYER</u>	SUPERVISOR
TO (MO/YR)		NAME _____
STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED		TITLE _____ PHONE _____
SALARY		POSITION TITLE
ADDRESS _____		
CITY _____ ST _____ ZIP _____		

DUTIES/RESPONSIBILITIES:

REASON FOR LEAVING:

AFFIDAVIT: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employers, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand an offer of employment will be conditioned on results of a medical examination. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer. Further, I understand that my employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either my employer or myself. I also agree that any offer of employment is contingent upon my ability to perform the essential functions of the job. Any demonstration of my inability to perform the essential functions during the probationary period will result in immediate dismissal. In addition, I agree to abide by such established policies as relates to the Drug-Free Workplace Act of 1988.

SIGNED _____

DATE _____