



APPLICATION FOR EMPLOYMENT

Federal, state, & local laws prohibit discrimination in employment on the basis of race, color, creed, age, sex, sexual orientation, gender identity, marital status, national origin, political affiliation, genetic information, physical handicap, disability or medical condition. We are an Equal Opportunity Employer. A copy of this application is available to you upon request.

PLEASE READ CAREFULLY – PRINT CLEARLY – ANSWER ALL QUESTIONS

EMPLOYMENT DESIRED

| | | |
|---|-------------------|--|
| POSITION OR TYPE OF WORK: | | |
| HOURS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> FLEX / POOL <input type="checkbox"/> TEMPORARY | | 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, STATE, ZIP CODE |
| HOME PHONE | | ALTERNATE/CELL 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 <small>(If No, Proof Of Eligibility To Work In The U.S. Will Be Required)</small> |
| 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 _____ | | |
| HAVE YOU EVER BEEN DISCHARGED FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN - GIVE EMPLOYER NAME & 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 _____ | | |
| 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 _____ NAME _____ DEPT _____ RELATION _____ | | |



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

DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

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

DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

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

DUTIES AND 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** _____