

**APPLICATION
FOR
EMPLOYMENT**

Trinitas Hospital

225 Williamson Street
Elizabeth, New Jersey 07207

**EQUAL
OPPORTUNITY
EMPLOYER**

PERSONAL

NAME: _____ SOC. SEC. NO.: _____
(LAST) (FIRST) (MI.)

ADDRESS: _____ TELEPHONE NO.: (____) _____
(STREET) (CITY) (STATE) (ZIP CODE)

ARE YOU IN THE COUNTRY OR ON A VISA WHICH WOULD NOT PERMIT YOU TO WORK HERE? YES NO

ARE YOU AGE 18 YEARS OR OLDER? YES NO REFERRED BY: _____

EMPLOYMENT

POSITION(S): 1ST CHOICE: _____ 2ND CHOICE: _____

FULL TIME PART TIME PER DIEM DAYS EVENINGS NIGHTS

SALARY EXPECTATION: _____ DATE YOU CAN START: _____

MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EVER EMPLOYED BY TRINITAS HOSPITAL? YES NO

IF YES, DATES: _____

POSITION: _____ DEPARTMENT: _____

EDUCATION

	NAME & LOCATION OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE?	MAJOR	DEGREE
HIGH SCHOOL			Y <input type="checkbox"/> N <input type="checkbox"/>		
COLLEGE			Y <input type="checkbox"/> N <input type="checkbox"/>		
OTHER			Y <input type="checkbox"/> N <input type="checkbox"/>		

SKILLS

TYPING WPM _____ STENO WPM _____ DICTAPHONE SPEEDWRITING

COMPUTER WORD PROCESSING CRT SWITCHBOARD

OTHER OFFICE EQUIPMENT: _____

CREDENTIALS

ARE YOU REGISTERED, CERTIFIED OR LICENSED IN YOUR SPECIALTY? YES NO

HAS YOUR LICENSE / REGISTRATION / CERTIFICATION EVER BEEN UNDER REVIEW, REVOKED OR SUSPENDED BECAUSE OF ACTIVITY RELATED TO PATIENT CARE OR THE PERFORMANCE OF YOUR DUTIES IN YOUR PROFESSION? YES NO

IF YES, EXPLAIN: _____

TYPE	STATE/NATIONAL	EFFECTIVE DATE	EXPIRATION DATE	NUMBER	INITIALS

MILITARY

U.S. MILITARY BRANCH: _____ FROM: _____ TO: _____ RANK: _____

SCHOOLS ATTENDED RELATED TO ALLIED HEALTH OR NURSING: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____ DAY PHONE: _____

ADDRESS: _____ EVENING PHONE: _____

BEGIN WITH PRESENT OR MOST RECENT POSITION

EMPLOYMENT HISTORY	NAME OF EMPLOYER	DATES FROM: ? <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>
	ADDRESS	POSITION
	SUPERVISOR	DEPARTMENT TELEPHONE NUMBER
	SALARY	REASON FOR LEAVING
	NAME OF EMPLOYER	DATES FROM: ? <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>
	ADDRESS	POSITION
	SUPERVISOR	DEPARTMENT TELEPHONE NUMBER
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	ADDRESS	POSITION
	SUPERVISOR	DEPARTMENT TELEPHONE NUMBER
	SALARY	REASON FOR LEAVING

SUPPLEMENTAL	HAVE YOU EVER BEEN FIRED, TERMINATED, OR ASKED TO RESIGN FROM ANY POSITION? YES <input type="checkbox"/> NO <input type="checkbox"/>
	IF YES, PLEASE EXPLAIN: _____
	HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT?
	YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN: _____

PRIOR CONVICTION OF A FELONY DOES NOT NECESSARILY PREVENT AN OFFER OF EMPLOYMENT.

CERTIFICATE	<p>I certify that the information contained in this application is correct to the best of my knowledge. I understand that fabrication of this information or omission of fact from this application will be cause for rejection from consideration or, if employed, will be grounds for dismissal in accordance with Trinitas Hospital policy. I authorize the references and other persons and organizations listed on this application to give you any and all information concerning my past and present employment and any pertinent information they may have, personal or otherwise, and release all parties from liability or any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of Trinitas Hospital.</p> <p>I understand that Trinitas Hospital is an equal opportunity employer and selects all employees on the basis of qualifications without regard to race, creed, color, religion, sex, age, national origin, physical or mental impairment.</p> <p>I further understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Trinitas Hospital or myself. I also understand that no Trinitas Hospital representative, other than the President of Trinitas Hospital, has any authority to enter into any agreement for employment for any specified period of time.</p> <p>Further, I understand that an offer of employment will be conditioned upon satisfactory results of a medical examination which will include drug screening and a criminal record check.</p> <p>I also understand that an investigative consumer report may be requested which might include information as to my character, general reputation, personal characteristics and mode of living. In the event such report is made, I understand that, upon written request made within a reasonable period of time, a complete and accurate disclosure of the nature and scope of the investigation requested will be made.</p>
	PLEASE READ CAREFULLY BEFORE SIGNING
	<p>_____</p> <p align="center">APPLICANT'S SIGNATURE</p>
	<p>_____</p> <p align="center">DATE</p>

**TRINITAS HOSPITAL
BACKGROUND INFORMATION
ADDENDUM TO EMPLOYMENT APPLICATION**

1. Have you ever been disciplined for theft, unauthorized removal of company property or related offenses? () Yes () No
If yes, give details: _____
2. Have you ever been discharged for fighting, assault or related offenses? () Yes () No
If yes, give details: _____
3. Have you ever been disciplined or discharged for being under the influence of alcohol or drugs, or for possession or use of alcohol or drugs on the job? () Yes () No
If yes, give details: _____
4. Have you ever been disciplined or discharged for violating safety rules? () Yes () No
If yes, give details: _____
5. Have you ever been disciplined or discharged for insubordination? () Yes () No
If yes, give details: _____
6. Have you had any unauthorized absences in the past year? () Yes () No
If yes, give details: _____
7. Have you ever been disciplined or discharged for unsatisfactory performance? () Yes () No
If yes, give details: _____
8. Have you ever resigned during the course of an investigation by your employer for any reason whatsoever? () Yes () No
If yes, give details: _____
9. Other than traffic violations, have you every been convicted of a crime which has not been annulled or sealed by the court? () Yes () No
If yes, please state the nature of the offense and date of the conviction. _____

(Conviction does not automatically exclude you from consideration of employment)

10. Is there anything in your past that could potentially bring shame or embarassment to Trinitas Hospital? () Yes () No
If yes, give details: _____
11. Were you ever employed by Trinitas Hospital or any of its former employers including: St. Elizabeth Hospital, Elizabeth General Medical Center or Alexian Brothers Hospital? () Yes () No
If yes, which hospital and date(s) employed. _____

Acknowledgement: I understand that this employment application and any other TH document are not contracts of employment and that any individual who is hired may voluntarily leave employment and may be terminated by TH at any time and for any reason. I understand that no employee or representative of TH other than the President, has the authority to enter into an agreement for employment for any specified period of time and recognize that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon.

I understand that my employment with TH is contingent upon the satisfactory completion of a background check, physical examination including a drug and alcohol screen and the receipt of a satisfactory recommendation from former employers and references. **I recognize further that I may be required to submit to any additional physical examinations and/or drug tests as may be required by TH during the course of my employment in connection with the fitness for duty guidelines.** I understand TH has a number of facilities and recognize that I may be required to work in facilities and on shifts other than that to which I am initially assigned. I certify that the statements made on this application are true and correct, and thereby grant TH permission to verify the information contained herein. I understand that giving false information or the failure to give complete information as requested herein shall constitute grounds among others for rejection of my application or my dismissal in the event of my employment.

If I am applying for a position which requires a high school diploma, GED, undergraduate, or graduate degree, license, registration, or certification, I will be required to submit the original document(s) and/or transcripts if applicable, before final acceptance to the position.

Signature

Date

TABB INC.

NOTIFICATION / AUTHORIZATION / RELEASE OF INFORMATION

NAME _____ DATE _____
PLEASE PRINT

In connection with my application for employment with **Trinitas Hospital or any subsidiary or affiliate** (hereafter referred to as the **COMPANY**), I authorize the procurement of a consumer report and understand that the report will contain information about my background, character, general reputation, mode of living, credit worthiness and job performance. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I understand that pursuant to the Fair Credit Report Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in the report by contacting the consumer reporting agency, **TABB, INC.**, whose address and telephone number are listed on the bottom of this form. I understand that I may have additional rights under State law, which I may determine by contacting my State or local consumer protection agency. I hereby release the **COMPANY, TABB, INC.**, their officers, agents, employees, and servants from any liability arising from the preparation of this report or investigations relating thereto.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information without restriction or qualification to **TABB, INC.**, and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release the above sources and firms, including the above named Company and **TABB, INC.**, from liability for complying with this authorization. I understand that any offer of employment from the above named Company will be contingent upon the results of a number of factors including this background check.

The phrases and wording contained in this authorization are required under the FCRA. The **COMPANY** will not run a credit check on an applicant as part of the background investigation unless the position for which applied requires financial information on a prospective candidate. The candidate will be notified in writing if a credit check is required for the position to which you applied.

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: * _____

SIGNATURE: _____ OTHER NAME(S) USED: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

RESIDENCE INFORMATION

Please list all addresses for the past ten (10) years, starting with your present address:

	Street Address	City	State	Zip	Dates From - To
1)	_____	_____	_____	_____	_____ - _____
2)	_____	_____	_____	_____	_____ - _____
3)	_____	_____	_____	_____	_____ - _____
4)	_____	_____	_____	_____	_____ - _____
5)	_____	_____	_____	_____	_____ - _____

*** DO NOT COMPLETE THIS SECTION UNTIL A JOB OFFER HAS BEEN EXTENDED TO YOU.**

TABB INC., P.O. Box 10; Chester, NJ 07930
Phone (908) 879-2323 Fax (908) 879-8675