

Employment Application



97 West Parkway • Pompton Plains, NJ 07444
Human Resources 973.831.5050 • Fax 973.831.5516
www.chiltonmemorial.org

Please print all information Employment Desired

Positions you are applying for: 1. _____ Date _____
2. _____

Date available to start: _____ Are you employed now? Yes No

Available for: Full Time Part Time On Call/Per Diem Other

Shift Preference (1st, 2nd, 3rd choice) Days Evenings Nights Hours available to work _____

Will you work weekends/holidays? Yes No Will you work alternate weekends/holidays? Yes No

You are not required to indicate the need for time off due to religious practices.

After you have completed the remainder of the job application, please obtain a job description for the position you seek and answer the following question: Can you perform the essential job functions with or without an accommodation? Yes No

Personal Information

Name _____
Last First Middle Initial

Present address _____
Street City State Zip

Email address _____

Home phone no. (Area Code) _____ When available at this number _____

Cell phone no. (Area Code) _____

Work phone no. (Area Code) _____ May we contact you at work? Yes No

Are you 18 years of age or in possession of a valid work permit? Yes No

Are you either a United States Citizen or an alien who has the legal right to work in the job you are applying for? Yes No
(All employees are required to complete form I-9 within three business days of the date of hire).

Have you ever been employed by Chilton Hospital? No Yes — If so, when? From _____ To _____

Positions: _____

Have you applied for employment at Chilton in the past three years? Yes No

Have you ever been a Chilton Volunteer? No Yes — If so, when? From _____ To _____

If related to Chilton employee, please provide: _____
Name Department Relation

1. Have you ever pled guilty, no contest (*no lo contender*) or been convicted of a crime which has not been expunged, annulled, sealed, pardoned, or statutorily eradicated by the Court? [Before you answer, please note that a conviction or plea of guilty will not necessarily be a bar to employment.] Yes No

2. If yes, please describe the nature of the crime, the date of the conviction and completion of any sentence and any subsequent rehabilitation. _____

EQUAL OPPORTUNITY EMPLOYER

Chilton Memorial Hospital ("Chilton") is an equal opportunity employer that does not discriminate in hiring and employment on the basis of race, creed, religion, color, national origin, ancestry, age, sex, affectional or sexual orientation, gender identify or expression, marital status (including Civil Unions), familial status, domestic partnership, atypical hereditary cellular or blood trait, disability (including AIDS and HIV infection), genetic information, liability for service in the United States armed forces or any other characteristic protected under applicable federal, state or local laws. Chilton will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of the hospital. No questions on this application are asked for any unlawful purpose.

Please print all information

How were you referred to us?

- Own initiative _____
- Advertisement/publication _____
please specify
- Chilton website Other website _____
please specify
- Employee referral _____
please specify
- Job Fair _____
please specify
- Other _____
please specify

Education and Training

School	Name and Location (City, State)	Circle Highest Year Completed	Course of study	Did you graduate? Circle one	Degree or certificate
High School (last attended) or G.E.D.	_____	1 2 3 4		Yes No	

Business/ Technical School	_____	1 2 3 4		Yes No	

College/University	_____	1 2 3 4		Yes No	

College/University	_____	1 2 3 4		Yes No	

Graduate School	_____	1 2 3 4		Yes No	

Do you possess any other skills which you feel would contribute toward your ability to perform the job for which you are applying? (Exclude any information that may reveal your membership in a legally protected classification.) _____	<input type="checkbox"/> Word	<input type="checkbox"/> Access
	<input type="checkbox"/> Excel	<input type="checkbox"/> Typing = _____ wpm
	<input type="checkbox"/> PowerPoint	

Have you ever worked or been educated under another name? Yes No

Name: _____ School/Employer: _____
please specify

Licensure

List professional/technical licenses you have acquired. Indicate name on license if different from name on front of application.

Type	State	License/Certificate #	Exp. Date
_____	_____	_____	_____
_____	_____	_____	_____

Have you held a license in a different state? Yes No *(Please Specify)* State _____

Have you ever had your professional license/certification denied, suspended, revoked or withheld by any licensing body in any state for any reason? Yes No

If so, please explain: _____

To your knowledge have you ever been the subject of any investigation, inquiry, or administrative proceeding by any licensing/certification body or other governmental agency regarding your professional conduct? Yes No

If so, please describe the circumstances and how the matter was resolved, including any fines, penalties or other sanctions assessed.

Have you ever had or are you aware of any threatened or pending professional liability claims made against you and/or a prior employer related to your conduct and performance at work? Yes No

Please print all information

Employment History Please complete all information. Do not write "See Resume." Begin with your last or present employer. Do not omit any employment history. If you have past military experience, please include it in this section in the proper date order. After an offer of employment is made and accepted, the offer will be contingent upon, among other things, acceptable references.

Title _____ Company Name _____

Address _____
Street City State Zip Code

Phone # _____ Full Time Part Time Per Diem Shift: _____

Supervisor's name _____ Title: _____

Dates employed from: _____ month/yr to: _____ month/yr Salary: _____

Description of work: _____

Reason for leaving: _____ (Please circle) Voluntary or Involuntary

Title _____ Company Name _____

Address _____
Street City State Zip Code

Phone # _____ Full Time Part Time Per Diem Shift: _____

Supervisor's name _____ Title: _____

Dates employed from: _____ month/yr to: _____ month/yr Salary: _____

Description of work: _____

Reason for leaving: _____ (Please circle) Voluntary or Involuntary

Title _____ Company Name _____

Address _____
Street City State Zip Code

Phone # _____ Full Time Part Time Per Diem Shift: _____

Supervisor's name _____ Title: _____

Dates employed from: _____ month/yr to: _____ month/yr Salary: _____

Description of work: _____

Reason for leaving: _____ (Please circle) Voluntary or Involuntary

Title _____ Company Name _____

Address _____
Street City State Zip Code

Phone # _____ Full Time Part Time Per Diem Shift: _____

Supervisor's name _____ Title: _____

Dates employed from: _____ month/yr to: _____ month/yr Salary: _____

Description of work: _____

Reason for leaving: _____ (Please circle) Voluntary or Involuntary



APPLICANT'S AUTHORIZATION - READ CAREFULLY

I hereby affirm that the information contained in this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I also agree that any misstatement, falsified information, or omission deemed significant by Chilton Memorial Hospital may disqualify me from further consideration for employment and/or may be considered justification for dismissal if discovered after an offer of employment has been extended.

I further affirm that I am not currently excluded from participating in any Federal or State Health Care Program and I am not included in the Department of Health and Human Services List of Excluded Individuals/Entities. I understand that after a job offer is extended, but prior to beginning work and then periodically thereafter as a condition of employment, Chilton Memorial will verify that I am not included in the Department of Health and Human Services List of Excluded Individuals/Entities. If I receive notification that I have been excluded I will notify Chilton Memorial immediately.

I understand that nothing in this application or any other Chilton Memorial document, or an acceptance of employment, creates or constitutes an employment contract between Chilton Memorial and me, and that should I be hired, my employment would be at will, which means that it would be for no fixed duration and could be terminated by me or Chilton Memorial at any time with or without notice or cause. I understand that no oral or written statement to the contrary shall change this relationship, or should be relied upon by me.

If hired, as a condition of my employment, I agree to conform to the rules and regulations of Chilton Memorial Hospital. I understand that after a job offer is extended, but prior to beginning work, I will be required to undergo a physical examination, which may include a drug and alcohol test and which is in accordance with the requirements of the New Jersey State Department of Health, to verify my fitness to work.

I authorize all persons, schools, companies, corporations and organizations named in this application (and accompanying documents if any), law enforcement agencies, and credit bureaus to release any information concerning my background, and I hereby release them and Chilton Memorial from any and all claims of liability in law and in equity that may arise out of obtaining such information.

I understand that my employment is contingent upon my results of a consumer report that Chilton Memorial may obtain as part of its employment background investigation.

_____ Date

_____ Applicant's signature

THIS APPLICATION WILL BE CONSIDERED FOR ONE YEAR FROM THE DATE IT IS SUBMITTED. SHOULD YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT DATE, YOU MUST SUBMIT A NEW APPLICATION.

FOR INTERNAL USE ONLY:

Start Date _____ Title _____ Dept. _____ Dept. # _____

Category: Full Time Regular On Call
 Part Time Regular Full Time Temporary
 Part Time Other Part Time Temporary
 Per Diem

Shift: _____ Hours: _____ Grade: _____ FTE: _____ Hourly rate: _____

Requisition # _____ Sign on Bonus _____

Position # _____

HR Authorization: _____ Date : _____