



2 Executive Drive Fort Lee, NJ 07024

EMPLOYMENT APPLICATION

POSITION APPLIED FOR:

(Insert Center name) does not discriminate against any person on the basis of race, color, religion, sex, gender, marital status, disability, national origin, age, veteran or any other status or category protected by law in admission, treatment, or participation in its programs, services and activities. Equal access to programs, services and employment, is available to all persons. Those applicants requiring assistance with the application and/or interview process should contact the Center Director.

PERSONAL INFORMATION

LAST NAME		FIRST NAME	MIDDLE NAME	
STREET ADDRESS		CITY	STATE	ZIP
#1 TELEPHONE ()	#2 TELEPHONE ()	BEST TIME TO REACH YOU		
EMAIL ADDRESS:			DATE OF APPLICATION:	

If hired, can you provide proof of your identity and employment eligibility in the United States prior to beginning work? YES NO

How were you referred to the center?

- Walk-in
 Advertisement (please specify) _____
 School (please specify) _____
 Job Fair
 Government Agency
 Internet
 Other (please specify) _____
 Current or Former Employee (please list name) _____

Please list any friends or family members who are current employees:

- Name: _____ Family Friend
 Name: _____ Family Friend
 Name: _____ Family Friend

AVAILABILITY

What type of employment? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	Which shift do you prefer? <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS ONLY	If hired, when could you start?
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Will you work overtime if required? YES NO

If no, please explain:

EDUCATION

Starting with your most recent school attended, provide the following information:

Name of School	Address and City	Completed	Major
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

EXPERIENCE

Have you ever worked for this center as

An Employee? YES NO From _____ to _____

A Contractor? YES NO From _____ to _____

Name of Contractor/Agency: _____

List your full employment experience, beginning with the most recent.

Employer	List all Job Duties
Supervisor/Title	
Address	
Position When Hired	
Date of Employment from _____ to _____	
Did you leave voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	

Employer	List all Job Duties
Supervisor /Title	
Address	
Position When Hired	
Date of Employment from _____ to _____	
Did you leave voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	

Employer	List all Job Duties
Supervisor /Title	
Address	
Position When Hired	
Date of Employment from _____ to _____	
Did you leave voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	

LICENSES AND/OR CERTIFICATIONS (including Driver's License)

Type of License/Certification	Issuing State and/or Agency	Number	Expiration Date

Has your license, registration or certification ever been suspended, revoked or had a disciplinary action taken against it?
 YES NO If yes, explain: _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. If I am hired by *Hudson Crossing Surgery Center* and if the center discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.

I agree to submit to a medical evaluation which may include testing for illegal drugs or alcohol, prior to beginning work with the facility. I understand that if I am employed by the facility, I may be required, when job related and consistent with the center's business needs, to undergo a medical examination or testing for illegal drugs and alcohol.

I understand that this application will be considered active for one (1) year from the date listed below. If I wish to be considered for a job with the center after this period of time, I must complete a new application.

I understand that neither this document nor any offer of employment from *Hudson Crossing Surgery Center* constitutes an employment contract unless a specific document to that effect is executed and signed by the representative of *Hudson Crossing Surgery Center* and the employee in writing. I understand and agree that, if hired, my employment will be for no definite period of time and may be terminated at any time without notice and with or without reason, by either myself or *Hudson Crossing Surgery Center*.

If hired, I agree to abide by all the center's rules and regulations.

I authorize investigation of all statements contained in this application and supporting documents, including but not limited to resumes, licenses and certifications, which the center deems necessary to determine my qualifications for employment. I give *Hudson Crossing Surgery Center* my permission to contact any former or current employer, school, credit bureau, personal or professional reference or any other appropriate source or individual for the purpose of gathering information. I further give my consent to any such source to release to the center or its agents whatever information requested. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing truthful information about me.

SIGNATURE OF APPLICANT: _____ **DATE:** _____