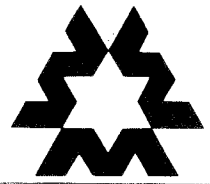


Application For Employment



MONTEFIORE
Over a century of commitment to caring

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For				Date of Application	
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Relative (Name) _____	
<input type="checkbox"/> Employee (Name) _____			<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name	
Address Number	Street	City	State	Zip Code	
Home Phone		Cell Phone		Social Security Number	
Email Address					

If you are under 18 Years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are any of your relatives working here? Yes No
If yes, give name _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

Do you prefer to work: Full Time Part Time Weekends PRN What Shift? _____

Have you been convicted of a felony within the last 7 years? Yes No
If yes, please explain _____

Education

	Elementary School				High School				Undergraduate College / University				Graduate / Professional				
School Name and Location																	
Years completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	

Professional Licenses Type _____ Number _____

Are you a state tested nursing assistant? Yes _____ No _____

If yes:
 Issue date: _____
 If no:
 Completed training program: _____
 Test date: _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				
2.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				
3.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				
4.	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I understand that all information furnished by me is certified to be true. All information is subject to verification. I understand that any misrepresentation or falsification of information requested herein will be cause for rejection of this application or for subsequent discipline up to and including dismissal from employment. I understand I may be required to submit to a pre-employment/post offer physical examination to determine my physical ability to perform my job.

I further understand that my employment or continuation thereof is contingent upon the results of a drug screening analysis for substance abuse. The results of such analysis may be grounds for disqualifying me or terminating my employment.

I authorize Montefiore to verify any information concerning my previous employment (except as indicated above), education, medical history, or criminal record with appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as Montefiore requires, including medical records, school records, employment records, and criminal records, without any obligation to give me written notice of such disclosure.

I further understand that, subject to any labor agreement, my employment is not guaranteed for any term, and that my employment may be terminated by Montefiore or myself for any reason at any time in accordance with Terms and Conditions of the Collective Bargaining Agreement. I further understand that as a non union employee the at-will nature of my employment may only be altered in writing, signed and approved by the CEO of Montefiore. Finally, I agree that my employment is conditional until such time as the results of my pre-employment physical and drug test are known.

Signature of Applicant

Date

For Administrative Use Only

Rate of Pay: _____

Unit: _____

Shift: _____

No. of Hours: _____

Position: _____