

**Suburban Health Organization
APPLICATION FOR EMPLOYMENT**

Suburban Health Organization offers equal employment opportunities to all persons without regard to race, religion, age, sex, color, national origin, ancestry, disability, sexual orientation, uniformed service, union or other legally protected status. No question on this application is intended to secure information to be used to discriminate on these bases. Therefore, please limit your responses to the questions asked and do not volunteer information regarding any of the above listed classifications or any participation or membership in professional, civic, political, volunteer, or other groups, committees or organizations.

Please carefully read all the questions and clearly print, in ink, your answers in the spaces provided. If you need more space, use the back of the form. If you do not understand the question, please ask for an explanation. Answer all questions fully, honestly and completely. Do not leave any questions blank. If the question does not apply to you, print "N/A" which means "not applicable." Failure to follow these instructions will be considered in making employment decisions. Any false, misleading or incomplete answers may result in immediate disqualification of consideration for employment or termination of subsequent employment.

The use of this form does not mean there are positions open and does not obligate Suburban Health Organization in any way. Your employment application will be considered active for sixty (60) days. You must reapply if you wish to be considered for employment beyond this period of time.

PERSONAL DATA

Name: Last			First			Middle			Last four digits of Social Security Number:			Today's Date		
Present Address: Street						County			Telephone: Home			Business		
City			State			Zip Code			Relatives employed by us? Yes <input type="checkbox"/> No <input type="checkbox"/>			Department:		
Have you previously applied for a position at Suburban Health Organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when														
Have you ever been employed by Suburban Health Organization? Yes <input type="checkbox"/> No <input type="checkbox"/>														
Dates: From			To			Position			Supervisor			Reason For Leaving		
Have you ever been convicted of or pleaded guilty or no contest to a felony, misdemeanor or any offense other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/>									If you are under 18, do you have a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you planning to be unavailable for work for more than 1 week during the next six months? Yes <input type="checkbox"/> No <input type="checkbox"/> Our attendance policy calls for discipline after one instance of unexcused absence or tardiness. Will you be able to comply with this policy? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are any felony criminal charges now pending against you that are not yet resolved? Yes <input type="checkbox"/> No <input type="checkbox"/>														
Have you ever had a license or certification suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>														
Have you ever been known by another name? Yes <input type="checkbox"/> No <input type="checkbox"/>														
Have you ever informally resolved any recommended or potential adverse action involving your professional registration, license, or certification? Yes <input type="checkbox"/> No <input type="checkbox"/>														
Are any professional registration, licensure, or certification actions now pending against you? Yes <input type="checkbox"/> No <input type="checkbox"/>														
Has any action been taken against you that excludes you from participation in any federal or state government healthcare program, including but not limited to Medicare? Yes <input type="checkbox"/> No <input type="checkbox"/>														
If you answered yes to any of these questions, please explain:														
(A conviction will not necessarily disqualify you from consideration. However, failure to fully disclose will result in immediate denial or termination of employment)														
Do you have or will you have, at the beginning of your employment, the legal right to remain and work in the United States?											Yes <input type="checkbox"/> No <input type="checkbox"/>			
Military: Branch of Service				Rank at Discharge				Dates of Service						

EMPLOYMENT INFORMATION

Position applying for:	Other types of work you would consider:
Shift desired:	Will you work other than shift Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other <input type="checkbox"/> If part time, specify days and hours	
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> (Ask for a description of essential functions if you are not clear)	
If asked, would you be willing to describe or demonstrate how you would perform these functions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Summarize any general training, skills, licenses and/or certifications that relate to the position for which you are applying?	
Date you can start working:	Salary / wage desired:
Can you obtain reliable transportation to work assignments? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you available to work any day of the week? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please explain)	
Are you available to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you available to travel away from home for extended duration? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATIONAL BACKGROUND

School	Name - City – State	Circle Last Year Completed	Degree	Major or Course of Study
High School		9 10 11 12 GED		
College		1 2 3 4		
Graduate		1 2 3 4		
Trade, Business, Correspondence or Vocational School		1 2 3 4		

EMPLOYMENT HISTORY

STARTING WITH PRESENT OR MOST RECENT EMPLOYER, list **ALL** previous employers. Include self-employment, military service, summer, and part-time jobs of any duration. If you need more space, continue on the back of this form or on a separate sheet. **COMPLETE ALL INFORMATION, EVEN IF A RESUME IS ATTACHED.**

1	Employer	Dates Employed From To	Salary / wage Starting Ending
	Address	Reason for leaving	
	Job Title	Employer Phone No.	Summarize the nature of the work performed and job responsibilities.
	Name and title of supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

2	Employer	Dates Employed		Salary / wage		
		From	To	Starting	Ending	
	Address		Reason for leaving			
	Job Title	Employer Phone No.	Summarize the nature of the work performed and job responsibilities.			
Name and title of supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
3	Employer	Dates Employed		Salary / wage		
		From	To	Starting	Ending	
	Address		Reason for leaving			
	Job Title	Employer Phone No.	Summarize the nature of the work performed and job responsibilities.			
Name and title of supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				

REFERENCES

You must include at least two references who can comment on your work habits, responsibility, character and conduct.

1	Name: _____
	Address: _____ State _____ Zip _____
	Years Known: _____ Telephone: () - _____
2	Name: _____
	Address: _____ State _____ Zip _____
	Years Known: _____ Telephone: () - _____
3	Name: _____
	Address: _____ State _____ Zip _____
	Years Known: _____ Telephone: () - _____

APPLICANT AUTHORIZATION AND CERTIFICATION

In exchange for the consideration to be given to my application for employment and in order to provide Suburban Health Organization with information relating to my qualifications for employment upon which Suburban Health Organization can rely in making employment decisions, I hereby voluntarily, in connection with this application, authorize all corporations, companies, educational institutions, persons, police department or law enforcement agencies, military services, former employers and anyone else Suburban Health Organization deems appropriate to contact with regard to this application to release information they may have about me to Suburban Health Organization or its agents, and I release them from any and all liability for doing so. I understand that any information acquired may be disclosed to supervisory personnel within the company, and/or others who, in the sole judgment of Suburban Health Organization, may have a legitimate interest in such information.

I understand that nothing contained in this application or in the granting of an interview creates a contract between Suburban Health Organization and myself either for employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Suburban Health Organization unless made in writing by the President or other Suburban Health Organization representative.

I understand that any offer of employment, once it is made, is contingent on the satisfactory results of a pre-employment medical examination, which may include a test to detect the presence of drugs or alcohol. I authorize the release and disclosure of the results of the medical examination to Suburban Health Organization. I understand that the results of the medical examination may be disclosed to supervisory personnel within the company and/or others who, in the sole judgment of Suburban Health Organization, may have a legitimate interest in such information.

I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge, and I have withheld nothing that would affect this application unfavorably. I understand that false, misleading or incomplete information given on this application or in any subsequent interview(s) may result in immediate disqualification of consideration for employment or termination of subsequent employment.

I HAVE CAREFULLY READ OVER THIS ENTIRE APPLICATION FOR EMPLOYMENT AND UNDERSTAND FULLY ALL OF ITS CONTENTS AND INSTRUCTIONS.

Signature _____

Date _____