

# **Bacharach**

## **INSTITUTE FOR REHABILITATION**

61 West Jimmie Leeds Roads  
P.O. Box 723  
Pomona, NJ 08240-0723  
Phone: (609) 652-7000  
Fax: (609) 652-7487

## **APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_

Position(s) applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ Employment Desired:  Full Time  Part Time  Temporary  Casual Pool

Shift Preferred:  Day  Evening  Night

Referral Source:  Walk-In  Advertisement (publication) \_\_\_\_\_  
 Employee \_\_\_\_\_ Other \_\_\_\_\_

## **PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Are you known to schools/references by another name? \_\_\_\_\_ If so, what name? \_\_\_\_\_

Are you over the age of 18?  Yes  No If no, hire is subject to verification that you are of minimum legal age and in possession of working papers.

Have you been previously employed by this hospital? \_\_\_\_\_

If so, when? \_\_\_\_\_ In what position? \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

*You will be required to present proof of identity and employment eligibility upon hire.*

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court?  Yes  No If yes, describe in full: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

SCHOOL	Name & Address	Course of Study	Last Year Completed				Did you graduate?	List Diploma or Degree
			5	6	7	8		
Elementary								
High School			1	2	3	4		
College			1	2	3	4		
Other (Specify)			1	2	3	4		

## SKILLS & QUALIFICATIONS

What office machines can you use?

Typing \_\_\_\_\_ wpm       Data Entry       Dictaphone       Medical Terminology

Computer      Software Applications: \_\_\_\_\_

Are there any other skills or qualifications that you feel would especially fit you for work with our hospital?

Do you have a professional       License       Registration       Certification?

Type: \_\_\_\_\_

State Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_

## PERSONAL REFERENCES

Please do not list former employers or relatives.

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

# EMPLOYMENT HISTORY

Please list most recent employment first.

Include all experience related to the position you are applying for. If additional space is needed, attach a separate sheet

Name of Employer	Beginning Position Title	Dates Employed	
		FROM	TO
Address of Employer (Street, City, ST, ZipCode)	Ending Position Title	Salary	
	Supervisor's Name	Beginning	Ending
		Reason for leaving:	
Telephone Number of Employer ( )	Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer	Beginning Position Title	Dates Employed	
		FROM	TO
Address of Employer (Street, City, ST, ZipCode)	Ending Position Title	Salary	
	Supervisor's Name	Beginning	Ending
		Reason for leaving:	
Telephone Number of Employer ( )	Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer	Beginning Position Title	Dates Employed	
		FROM	TO
Address of Employer (Street, City, ST, ZipCode)	Ending Position Title	Salary	
	Supervisor's Name	Beginning	Ending
		Reason for leaving:	
Telephone Number of Employer ( )	Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a Veteran?  Yes  No If yes, complete the following: Dates: \_\_\_\_\_ to \_\_\_\_\_

Service Branch \_\_\_\_\_ Rank \_\_\_\_\_

If discharge other than honorable, explain: \_\_\_\_\_

## EMERGENCY CONTACT

Person to be notified in case of accident or emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that I have not knowingly withheld any facts, or circumstances that would detrimentally affect this application. It is agreed that any misrepresentation by me in this application will be sufficient cause for its cancellation and for dismissal from the Hospital's service if I am employed.

I understand that any offer for employment is not intended to imply a contractual obligation and employment is terminable at will, with or without cause.

Bacharach Institute for Rehabilitation is an Equal Opportunity Employer, and complies with the Civil Rights Act of 1964 and the Rehabilitation Act of 1973, which prohibits discrimination in employment because of race, color, religion, sex, age, national origin or physical handicap. I give Bacharach Institute for Rehabilitation permission to contact my former school and/or employers.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Signature