

Bacharach

INSTITUTE FOR REHABILITATION

61 West Jimmie Leeds Roads
P.O. Box 723
Pomona, NJ 08240-0723
Human Resources: (609) 748-5470
Fax: (609)748-5427
Website: www.Bacharach.org
Email: HR@Bacharach.org

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) _____ Job Fair
 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: _____

Foreign Language Skills: _____

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/Number:

State Issued:

Date Expires:

PERSONAL REFERENCES

Please provide three additional professional references below (*supervisors, teachers, and/or not more than one co-worker from present and previous employers who have knowledge of your work*). **Do not include relatives or personal friends.**

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, Zip Code)	Ending Position Title	Salary	
		Beginning	Ending
	Supervisor's Name	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, Zip Code)	Ending Position Title	Salary	
		Beginning	Ending
	Supervisor's Name	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, Zip Code)	Ending Position Title	Salary	
		Beginning	Ending
	Supervisor's Name	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: _____ Zip code: _____

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

**HEALTHCARE EMPLOYMENT LICENSE VERIFICATION
DISCLOSURE AND RELEASE**

In connection with my employment with Bacharach Institute for Rehabilitation (“Employer”), I hereby fully release and discharge you and VeCred, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency or other source providing information to above named employer and/or VeCred from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that a consumer report may be sought pursuant to FCRA. **I hereby authorize and give my consent to the above company for the procurement of consumer report(s). If employed or contracted by Employer, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.**

In connection with my employment including contract for services or subsequent employment or contracting with Employer, I understand that consumer reports which may contain public record information may be requested from VeCred, 760 Alexander Road, P.O. Box 1, Princeton, New Jersey 08543. These reports may contain the following types of information regarding my professional or occupational license or certification: name, address, license number, license status, expiration date, pending or final actions, or disciplinary history. I further understand that such reports may also include public record information concerning my professional or occupational license or certification from federal, state and other agencies which maintain such records.

<p>For purposes of gathering this information, I agree to supply the following information:</p> <p>Type of Professional or Occupational License or Certification: _____ (Registered Nurse, Physical Therapist, Occupational Therapist, Certified Nurse Aide, etc.)</p> <p>License or Certification Number: _____</p>
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Print Name

Date

Applicant's signature

**RELEASE AUTHORIZATION AND
FAIR CREDIT REPORTING ACT DISCLOSURE
[FOR EMPLOYMENT PURPOSES]**

The employee acknowledges that Bacharach Institute for Rehabilitation may now, or at any time while employed, verify information within the application or resume. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, Bacharach will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S. C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my employment and or contract.

For Maine and New York Applicants Only

Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report

Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

For Washington Applicants Only

The consumer reporting agency which furnished the report is Certiphi Screening, 1105 Industrial Hwy., Suite #200, Southampton, PA 18966; for consumer compliance officer contact 888-260-1370.

For California, Minnesota, and Oklahoma Applicants Only

A consumer credit report will be obtained through Certiphi Screening, 1105 Industrial Hwy., Suite #200, Southampton, PA 18966.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
Initials Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
Initials Initials

***California applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elect not to get a copy of the report).

Date: _____ Signature of Applicant: _____

Print Name: _____

Date: _____ Signature of Parent/Guardian (*if underage*): _____