

Bacharach

INSTITUTE FOR REHABILITATION

APPLICATION FOR EMPLOYMENT

61 West Jimmie Leeds Road ▪ P.O. Box 723 ▪ Pomona, NJ 08240-0723 ▪ 609-652-7000 www.bacharach.org



Human Resources:

Phone: (609)748-5470

Fax: (609) 748-5427

Email: HR@Bacharach.org

Date: _____

Position(s) applying for: 1. _____ 2. _____

Employment Desired: Full Time Part Time Temporary Casual Pool

Shift Preferred: Day Evening Night

Referral Source: Walk-In Employee _____ Bacharach Website or Job Fair

Social Media _____ Job Board _____

Advertisement (publication) _____ Other _____

PERSONAL INFORMATION

Name: _____

Social Security No.: _____

(First, MI, Last)

Address: _____

City: _____ ST: _____ Zip Code: _____

Telephone Number(s): (Home) _____ (Cell) _____

Email Address: _____

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.

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

Were you previously employed by Bacharach? _____ If yes, list dates, position & name if different than above:

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 healthcare fraud or listed by a governmental agency (System for Award Management (SAM), ORCA, CCR/FedReg, EPLS/OIG) as excluded, debarred or otherwise ineligible to participate in a federally funded healthcare program? Yes No If yes, describe in full: **PLEASE DO NOT DISCLOSE CRIMINAL CONVICTIONS, only Civil or Administrative findings**

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

Computer Software/EMR Applications: _____

Typing _____ wpm

Foreign Language Skills: _____

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

Do you have a professional License Registration Certification?

Type/Number: _____

State Issued: _____

Date Expires: _____

Have your professional licensure/certification privileges ever been subject to disciplinary action or suspension in New Jersey or another state? Yes No If yes, please explain: _____

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 complete all items, even if you have already provided us with a resume. List most recent employment first and include explanations for any significant break in work history. Attach additional sheets if necessary. Any periods of military service may also be included in the employment history.

All employers including your current and/or most recent employer may be contacted to verify the information you provide.

May we contact your most recent employer prior to any offer of employment? Yes No

Name of Employer	Beginning Position Title	Dates Employed
		FROM
Address of Employer (Street, City, ST, Zip Code)	Ending Position Title	TO
	Supervisor's Name	Reason for leaving:
Telephone Number of Employer ()	Supervisor's Title	

Name of Employer	Beginning Position Title	Dates Employed
		FROM
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	Supervisor's Name	Reason for leaving:
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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 hereby certify that I have not knowingly withheld any information that might adversely affect my chance for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact in this application, any document used to secure employment or the hiring process will result in disqualification of this application or immediate discharge 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 will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date and circumstances of the offense as well as its relevance to the duties of the position applied for and the nature of the work.

Bacharach is an Equal Opportunity Employer, and complies with all Federal and State laws prohibiting discrimination in employment.

I hereby authorize Bacharach Institute for Rehabilitation to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and grant permission to contact my former school, employers and references.

Print Applicant's Name (First, MI, Last)

Signature

Date

HR USE:

Disclosure/Release Received: Yes No

Logged: _____

Init / Date