

PERSONAL DATA	NAME Last First Middle			SOCIAL SECURITY NO.				
	MAILING ADDRESS Street & No. City/Town State Zip					TELEPHONE NO.		
	PRESENT ADDRESS Street & No. City/Town State Zip					TELEPHONE NO.		
	IF HIRED AND UNDER 18, CAN YOU FURNISH A WORK PERMIT? YES NO			IF APPLICABLE: MILITARY STATUS? ACTIVE INACTIVE BRANCH: _____		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? YES NO If hired, you will be required to submit proof of your identity and/or legal work authorization as a condition of employment.		
	HAVE YOU EVER BEEN EMPLOYED BY THE HOSPITAL? WHEN? WHAT DEPARTMENT?							
	IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?							
	PRESENT ADDRESS							
EDUCATION	CIRCLE HIGHEST GRADE COMPLETED							
			GRAMMAR 1 2 3 4 5 6 7 8	HIGH 9 10 11 12	COLLEGE 1 2 3 4	GRADUATE 1 2 3 4		
		NAME	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	GRADE AVERAGE	MAJOR	DEGREE
		HIGH SCHOOL		TO				
	COLLEGE/ SCHOOL OF NURSING		TO					
	OTHER SCHOOLING		TO					
INTERESTS & AVAILABILITY	SCHEDULE DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> SUMMER ONLY <input type="checkbox"/> PART TIME <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> ON CALL/PER DIEM <input type="checkbox"/> TEMPORARY					DATE AVAILABLE	SALARY EXPECTED	
	POSITION DESIRED: JOB TITLE _____ DEPARTMENT _____					FOREIGN LANGUAGE PROFICIENCY: <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK LANGUAGE(S): _____		
	HOW WERE YOU REFERRED TO SOUTHAMPTON HOSPITAL?: JOB/COLLEGE FAIR: Specify: _____ SCHOOL POSTING: Specify: _____ EMPLOYEE REFERRAL: Specify: _____ AGENCY: Specify: _____ NEWSPAPER OR JOURNAL: Specify: _____ OTHER: Specify: _____ INTERNET SITE: Specify: _____							
DO YOU HAVE ANY RELATIVE EMPLOYED AT SOUTHAMPTON HOSPITAL? If yes, please explain: _____ _____								
LICENSE OR REGISTRATION	IF PROFESSIONAL LICENSING IS REQUIRED (Complete this section). LICENSE NO. _____ STATE _____ EXP. DATE _____ HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED IN ANY STATE? YES NO If yes, explain in detail: _____ _____							
	IF CERTIFICATION IS REQUIRED (Complete this section) TYPE OF CERTIFICATION _____ NUMBER _____ ASSOCIATION _____ EXP. DATE _____							
	LIST ANY PROFESSIONAL ORGANIZATIONS YOU BELONG TO: _____ _____							

EMPLOYMENT/VOLUNTEER HISTORY	EMPLOYER		FROM	TO	POSITION AND DUTIES	REASON FOR LEAVING	
	COMPANY NAME (Present/Most Recent)		MO/YR	MO/YR	POSITION		
	STREET AND NO.		FINAL SALARY		D U T I E S		
	CITY		TELEPHONE NO.				
	NAME AND TITLE OF SUPERVISOR				MAY WE CONTACT? _____ YES _____ NO		
	COMPANY NAME (Present/Most Recent)		MO/YR	MO/YR	POSITION		
	STREET AND NO.		FINAL SALARY		D U T I E S		
	CITY		TELEPHONE NO.				
	NAME AND TITLE OF SUPERVISOR				MAY WE CONTACT? _____ YES _____ NO		
	COMPANY NAME (Present/Most Recent)		MO/YR	MO/YR	POSITION		
	STREET AND NO.		FINAL SALARY		D U T I E S		
	CITY		TELEPHONE NO.				
	NAME AND TITLE OF SUPERVISOR				MAY WE CONTACT? _____ YES _____ NO		
	COMPANY NAME (Present/Most Recent)		MO/YR	MO/YR	POSITION		
	STREET AND NO.		FINAL SALARY		D U T I E S		
CITY		TELEPHONE NO.					
NAME AND TITLE OF SUPERVISOR				MAY WE CONTACT? _____ YES _____ NO			
LEGAL HISTORY	Have you ever been convicted of or plead guilty to a crime (i.e., a misdemeanor and/or a felony)? ____ Yes ____ No If yes, please explain: _____ _____						
	(A prior conviction or guilty plea will not automatically disqualify you from consideration for employment)						
LEGAL HISTORY	Have you ever been excluded from participation in any federal or state program (i.e., Medicare, Medicaid)? ____ Yes ____ No If yes, please explain: _____ _____						
AGREEMENT	I understand that my employment is dependent on providing all necessary documentation as required for my position, satisfactory completion of a post offer medical examination, receipt by the Hospital of satisfactory references, attendance at employee orientation, and satisfactory completion of a probationary/orientation period. I understand that any offer extended and accepted does not constitute a contract of employment and that any such employment is terminable at the will of either party.						
	I agree, if employed, to provide acceptable proof of my age, legal right to work, and to abide by and conform to all policies, rules and regulations of the Hospital.						
Applicant's Signature _____				Date _____			