

**ST BARNABAS HEALTH SYSTEM**

**Application for Employment**

**Job Title:** St. Barnabas General Application [2247]

**Requisition:** 2247

**Applicant Information**

* First Name	
* Middle Name	
* Last Name	
Suffix	
Address	
City	
State / Zip Code	
County	
Country	
Primary Phone Number	
Secondary Phone Number	
Email Address	
Driver's License Number	
Driver's License State	
License Expiration Date	
How did you hear about this job?	

**Education Information**  
At least 2 entries are required.

**Education Entry 1**

Institution Name	
Institution Type	
City, State	
Country	
Phone Number	
Did you graduate?	
Dates Attended	
Other names used while attending	
Major	
Minor	
Degree type	
Grade Point Average	

**Education Entry 2**

Institution Name	
Institution Type	
City, State	
Country	
Phone Number	
Did you graduate?	
Dates Attended	
Other names used while attending	

Major	
Minor	
Degree type	
Grade Point Average	

**Education Entry 3**

Institution Name	
Institution Type	
City, State	
Country	
Phone Number	
Did you graduate?	
Dates Attended	
Other names used while attending	
Major	
Minor	
Degree type	
Grade Point Average	

**Education Entry 4**

Institution Name	
Institution Type	
City, State	
Country	
Phone Number	
Did you graduate?	

Dates Attended	
Other names used while attending	
Major	
Minor	
Degree type	
Grade Point Average	

<b>Employment Information</b> At least 2 entries are required.
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<b>Employment Entry 1</b>
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Employer Name	
Dates of Employment	
Address	
City	
State / Zip Code	
Country	
Phone Number	
May we contact?	
Supervisor Name	
Job Title	
Pay Rate	
Reason for Leaving	
Job Duties	

Employer Name	
Dates of Employment	
Address	
City	
State / Zip Code	
Country	
Phone Number	
May we contact?	
Supervisor Name	
Job Title	
Pay Rate	
Reason for Leaving	
Job Duties	

**Employment Entry 3**

Employer Name	
Dates of Employment	
Address	
City	
State / Zip Code	
Country	
Phone Number	
May we contact?	

Supervisor Name	
Job Title	
Pay Rate	
Reason for Leaving	
Job Duties	

**Employment Entry 4**

Employer Name	
Dates of Employment	
Address	
City	
State / Zip Code	
Country	
Phone Number	
May we contact?	
Supervisor Name	
Job Title	
Pay Rate	
Reason for Leaving	
Job Duties	

**Reference Information**  
**At least 2 entries are required.**

**Reference Entry 1**

Name	
Relationship	
Title	
Company Name	
Phone Number	
Email Address	
Time Known	

**Reference Entry 2**

Name	
Relationship	
Title	
Company Name	
Phone Number	
Email Address	
Time Known	

**Reference Entry 3**

Name	
Relationship	
Title	
Company Name	
Phone Number	
Email Address	
Time Known	

**Reference Entry 4**

Name	
Relationship	
Title	
Company Name	
Phone Number	
Email Address	
Time Known	



## Acknowledgement

I certify that all information I have provided in order to apply for and secure work for this company is true, complete and correct including any voluntary questionnaires. All information and documents previously and hereafter provided to the employer in connection with my application for employment are incorporated by reference herein.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient to (i) cancel further consideration of this application, or (ii) constituted sufficient grounds to discharge me from the employer's service, whenever it is discovered.

**I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, publish agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding this company, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information to me.**

*I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.*

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from this employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I understand that if I choose to voluntarily terminate my employment, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of this company is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE DISCLOSURE STATEMENT AND UNDERSTAND IT.**

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SIGNATURE

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DATE