

EDUCATION

	High School	College/University	Graduate/Other	Nursing
School Name				
Address				
Years Completed	1 2 3 4	1 2 3 4		
Diploma/Degree				
Course of Study/Major				

Please summarize special skills and qualifications acquired from employment, education or other experience.

List professional certifications, permits or licenses that pertain to the position for which you are applying:

TYPE	STATE	DATES VALID	NUMBER

Please give the name, address and telephone number of three (3) references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

EMPLOYEMENT EXPERIENCE

Complete the area below starting with your present or most recent job. Include military service assignments and volunteer activities.

Company Name		Type of Business	
Street Address		City, State, Zip	
Phone #	Start Date	End Date	Job Title
Reason for Leaving		Supervisor's Name and Phone Number	
Job Responsibilities			

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Street Address		City, State, Zip	
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Street Address		City, State, Zip	
Phone #	Start Date	End Date	Job Title
Reason for Leaving		Supervisor's Name and Phone Number	
Job Responsibilities			

Have you used any other names during the course of your education or previous work experience? If yes, please state name. _____

State any additional information you feel may be helpful to us in considering your application.

Applicants for employment are considered for all position without regard to race, color, religion, sex, national origin, age marital or veteran status or the presence of a non-job related medical condition or handicap.

In the event that an applicant with a disability, absent the disability, is otherwise the best qualified for a job, the facility will make “REASONABLE” efforts to modify its work procedure to the physical features of the workplace to accommodate the individual’s mental or physical limitations, as long as the accommodations do not present undue hardship to the employer.

APPLICANT’S STATEMENT

I certify that to the best of my knowledge, the information contained in this application is correct and complete. I realize that misrepresentations or omissions in the application will be cause for rejection of this application or for dismissal after employment. I authorize the investigation of all statements made herein and I release all persons with information relevant to this investigation from any liability for disclosing it to Hamilton Park Health Care Center.

Furthermore, I understand that this application is not a contract of employment. I also understand that the employer follows an “employment at-will” policy, in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal laws.

In the event that I am employed with Hamilton Park Health Care Center, I understand that I am required to abide by all rules and regulations of the facility.

Applicant’s Signature: _____

Date: _____

HAMILTON PARK HEALTH CARE CENTER

525 Monmouth Street
Jersey City, NJ 07302

EMPLOYMENT REFERENCE

TO: _____ **RE:** _____
SS#: _____

The above named individual has applied for a position in the capacity of _____. We ask that you complete this form at your earliest convenience and return it to our office. It is understood that the information provided by you will be held in the strictest of confidence.

APPLICANT'S AUTHORIZATION

I Authorize My Current/Previous Employer To Furnish The Information Requested On This Form.

Signature of Applicant: _____ Date: _____

Category	EXCELLENT	GOOD	FAIR	POOR
Job Knowledge	[]	[]	[]	[]
Quality	[]	[]	[]	[]
Attitude	[]	[]	[]	[]
Dependability	[]	[]	[]	[]
Punctuality	[]	[]	[]	[]
Personal Appearance	[]	[]	[]	[]

Position Held: _____ Dates Employed _____ to _____

Reason for Leaving: _____

Eligible for Re-Hire? YES [] NO []

Signature of Person Completing this Form Title Date

Thank you for taking the time necessary to complete this reference form.

Sincerely,
Human Resources