



## **APPLICATION FOR EMPLOYMENT**

Please print clearly and answer **ALL** questions. Resumes are not a substitute for a completed application. Incomplete applications may not be considered.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, sexual orientation or any other consideration made unlawful by applicable federal, state, or local laws.

At times our colleagues ask for candidate referrals. If you **DO NOT** want your resume and/or application to be forwarded to other companies/individuals, please check this box:

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Present Address (Street, Apt. or Unit No.): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Are you able at the time of employment to submit verification of your legal right to work in the U.S.?

(Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.) Yes No

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Have you ever applied for employment with NorthStar VETS before? Yes No If yes, when did you apply? \_\_\_\_\_

Type of employment desired? Full-time Part-time Date you are available to start work: \_\_\_\_\_

Due to the business needs of the hospital, overtime is occasionally required. Are you available to work overtime? Yes No

Specify days and times (please specify A.M or P.M.) that you **ARE AVAILABLE** to work:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Specify days and times (please specify A.M or P.M.) that you are **NOT AVAILABLE** to work:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Please indicate location applying at:

Robbinsville \_\_\_\_\_

Maple Shade \_\_\_\_\_

Brick \_\_\_\_\_

Any Location \_\_\_\_\_

List special technical skills that you feel qualify you for the job for which you are applying (i.e. language, software, equipment operation, special tools or machines, etc.):

Education	School Name and Location	Course of Study	Graduate?	# of years completed	Degree/Major
High School					
College					
Bus./Tech./Trade Or Post College					

Honors Received:

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### **WORK EXPERIENCE**

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

**Employer**

Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Employed From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ May we contact? Yes No  
 Reason for leaving \_\_\_\_\_  
 Duties \_\_\_\_\_

**Employer**

Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Employed From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ May we contact? Yes No  
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 Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ May we contact? Yes No  
 Reason for leaving \_\_\_\_\_  
 Duties \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Employed From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ May we contact? Yes No  
 Reason for leaving \_\_\_\_\_  
 Duties \_\_\_\_\_

**REFERENCES**

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship	Telephone

**APPLICANT CERTIFICATION**

I understand and agree that if driving is a requirement for the job of which I am applying, my employment and/or continued employment is contingent on possessing a valid driver’s license and automobile insurance in an amount equal to or above the minimum required by the state of New Jersey.

I understand that the Company has a drug-free work place and a drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of this location, pursuant to the company’s policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the company’s policies and applicable federal, state, and local laws.

If employed by the company, I understand and agree that the company, to the extent permitted by federal, state, and local laws, may exercise it’s right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local laws, I may be required to sign a confidentiality, non-complete, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT, IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME.

I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize the company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contracted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

I understand this company hires only individuals who are legally eligible to work in the United States.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_