



If you wish to be considered for positions that require driving, please answer these questions:

Do you have a current, valid, and unrestricted driver's license?  Yes  No

Have you received a D.W.I., D.U.I., or unsafe driving violation within the past two years?  Yes  No

Have you ever had auto insurance denied or canceled?  Yes  No

## EDUCATION

Level of School or Training	Name and Location of Training or Apprenticeship Program, School, Military Branch or Other Provider	Number of Years	Did you finish?	Subjects, Certifications, Degrees and / or Rank

Have you served in the U.S. Military, National Guard, or Reserves, even if you received no work-related training?

Yes  No If "yes," which branch? \_\_\_\_\_ Final Rank: \_\_\_\_\_

## WORK HISTORY

**List your employers during past ten years, with present or last employer first.  
If more space is needed, use additional pages.**

1. Employer's name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_  Part-time  Full-time  
Duties: \_\_\_\_\_ Final pay rate: \$ \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Are they still there?  Yes  No  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_  
Were you  Resigned?  Laid off?  Discharged? What reason were you given? \_\_\_\_\_

2. Employer's name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_  Part-time  Full-time  
Duties: \_\_\_\_\_ Final pay rate: \$ \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Are they still there?  Yes  No  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_  
Were you  Resigned?  Laid off?  Discharged? What reason were you given? \_\_\_\_\_

3. Employer's name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_  Part-time  Full-time  
Duties: \_\_\_\_\_ Final pay rate: \$ \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Are they still there?  Yes  No  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_  
Were you  Resigned?  Laid off?  Discharged? What reason were you given? \_\_\_\_\_

List all breaks of employment over three months in length. From: \_\_\_\_\_ To: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

How did you spend this time? (Use a separate page, if necessary.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been discharged, released, laid off, or asked to resign by an employer not listed above?  Yes  No

If "yes," please explain in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact the employers listed above?  Yes  No If "no," please explain in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you on layoff status and eligible for recall or subject to referral for hire by a hiring hall or employment service?  Yes  No

### SKILLS AND PROFESSIONAL INFORMATION

Computer Skills: (Identify hardware and software)

Equipment and machine you can operate:

Are you fluent in a language other than English? If "yes," please list:

Current professional memberships:

List and provide photocopies of all current professional licenses, certificates, or registrations	Licensing Agency	State	Expiration Date

### REFERENCES

Give the names of three persons, not related to you, who can tell us something about your work skills, attendance, and character.

Individual's name	Telephone #	Address (City, State, Zip)	Type of business	Years acquainted

Northfield Hospital requires applicants disclose any conflicting employment or employment that might interfere with your work schedule or overtime work. Do you intend to work for any other employer while employed by Northfield Hospital?  Yes  No

If "yes," please explain in detail: \_\_\_\_\_  
 \_\_\_\_\_

Do you plan to work for any other employer, engage in self-employment, or receive compensation for any other activity during your period of employment with Northfield Hospital?  Yes  No If "yes," please explain in detail: \_\_\_\_\_

Are there any employer policies, requirements, or terms or conditions of employment which you are unwilling to accept if you are offered employment?  Yes  No If "yes," please explain in detail: \_\_\_\_\_

You may be asked to provide a medical history, submit to a drug and/or alcohol test and/or physical examination pursuant to law if you are made a conditional offer of employment and must reimburse Northfield Hospital for the cost if you pass, but do not accept employment or quit with 30 days. Are you willing to do so?  Yes  No

Northfield Hospital has policies on sexual harassment and equal employment opportunity, policies which require employees to perform all assigned work and mandatory overtime, policies requiring wage or salary deduction authorizations by employees for employer property, debts or moneys not returned or repaid, an at-will employment policy, solicitation and distribution policies and policies requiring employees to observe all standards of conduct, policies and work rules of Northfield Hospital, and, for certain employees, non-competition agreement requirements. Do you agree, if hired, to comply with these and all other current or subsequently adopted Northfield Hospital policies and requirements?  Yes  No

Have you ever been disciplined by an employer for violation of any policies similar to those in the question above?  Yes  No  
If "yes," please explain in detail: \_\_\_\_\_

**ACKNOWLEDGEMENT**  
**PLEASE READ AND SIGN (if you agree)**

By my signature below, I promise that the information provided in this employment application (and in my related documentation or interview) is true and complete, and I understand that any false or misleading information or significant omission may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date. I agree to immediately notify Northfield Hospital and Skilled Nursing Facility ("Northfield Hospital") if I should be convicted or plead guilty to any crime while my job application is pending, or during my period of employment if hired by Northfield Hospital.

I authorize Northfield Hospital to obtain and/or to provide any and all information and opinion that Northfield Hospital elects to obtain, use, or provide in connection with my application for employment and/or any employment with Northfield Hospital, prior to, during, and after my employment. Such information and opinion may be sought from any and all prior employers (except as noted above), schools, or other persons or organizations who may have information Northfield Hospital deems relevant in connection with my application for employment and during my employment, and may be provided by the employer in response to any request for information and opinion concerning my employment or my separation from employment with the employer, to any and all banks, mortgage companies, governmental agencies, insurers, prospective employers or other schools, persons, or organizations deemed appropriate for receipt of such information by Northfield Hospital. I understand that Northfield Hospital may divulge any and all information and opinion, which may include, but are not limited to, opinions about my conduct, performance, attendance, or any other aspect of my reputation or character, which may be positive or negative. I agree to hold Northfield Hospital (including its principals, employees, agents, consultants attorneys, and insurers) and any such other employer, school, person, or organization providing or receiving any such information and opinion, harmless and free of any and all claims or causes of action from any such provision or receipt of information and opinion no matter what its character.

**I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted Northfield Hospital policies and practices, and that Northfield Hospital does not offer contracts, promises, or representations related to employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of wages or salary, be terminated at any time for any lawful reason, with or without notice. I understand that no person is authorized to change any of the terms mentioned in this employment application.**

*Applicant's signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## An Equal Opportunity Employer

Northfield Hospital does not discriminate against employees on the grounds of race, color, religion, age, sex, disability, national origin, ancestry, sexual orientation, or marital status. The following information is needed to determine how effective our recruiting efforts are in the community and other areas, to validate our selection procedures, and to meet the reporting requirements of the federal law. The answers to these questions are optional and will *not* be placed in your personnel file nor will they be given to any person involved in making a hiring and promotional decision.

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

Position(s) applying for: 1. \_\_\_\_\_  
2. \_\_\_\_\_

### Age 18 or Older

- Yes
- No

### How did you learn about this job?

- Newspaper Ad  
Specific source: \_\_\_\_\_
- Employment Agency  
Specific source: \_\_\_\_\_
- College Recruiter
- Employee / Volunteer Referral:  
\_\_\_\_\_
- I am a Current Employee
- I am a Former Employee
- Job Fair / Open House
- Job Posting
- Phone Inquiry
- Walk-in: \_\_\_\_\_
- Internet: \_\_\_\_\_
- Other: \_\_\_\_\_

### Highest Education

- Some High School
- High School Graduate or Equivalent
- Some College
- Community College / Technical School Graduate
- College Graduate (4 years)
- Any Post Graduate Work

### Sex

- Male
- Female

### Ethnic Group

- American Indian
- Asian
- Black
- Hispanic
- White
- Other: \_\_\_\_\_

### Military Status

- Active Reserves
- Inactive Reserves
- None
- Other Veteran
- Retired
- Vietnam Veteran

### Disabled Veteran?

- Yes
- No

**\*\* Please return this form to the Human Resources Department \*\***