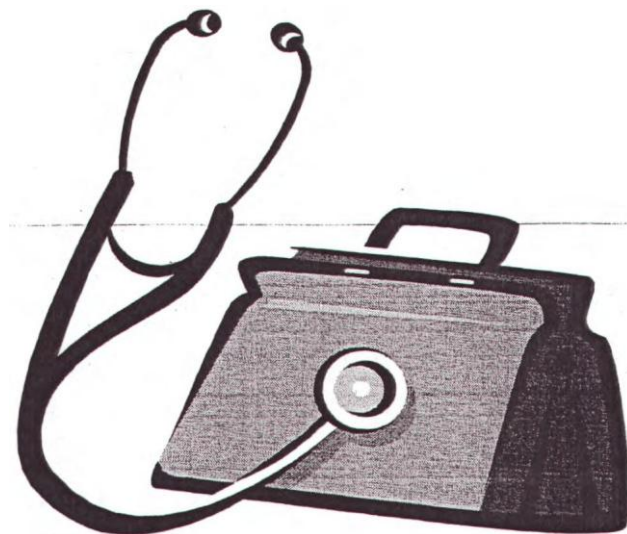


Employment Application

West Caldwell Health Council, Inc.



An equal employment opportunity employer. We comply with all applicable State and Federal Civil rights and equal employment laws and regulations.

In considering your application for employment, the facility may conduct a detailed and thorough Investigation which may include but not limited to a criminal record check, interviews or Inquiries of prior employers, coworkers, acquaintances, relatives and/or friends.

Name: _____
 First Middle Last

Present Address: _____
 Street City Zip Code

Permanent Address: _____
 Street City Zip Code

Telephone Number _____ Cell# _____

Best Time to Contact you _____ Date Available for Work _____

Any Previous Name(s) Yes _____ No _____ If yes, identify all other names including maiden:

Do you speak any language other than English? _____

_____ Are you applying for full time work? _____

Position applying for? _____ Have you ever been employed here? _____

How were you referred to this facility? _____

Do you have either a relative or friend employed here? _____

What are your long range occupational goals? _____

Have you ever been convicted or plead guilty to a crime (excluding minor traffic violations)? _____

EDUCATION

	Name & Address	Course of Study	Years	Did you graduate
High School:	_____	_____	_____	_____
	_____	_____	_____	_____
College:	_____	_____	_____	_____
	_____	_____	_____	_____
Graduate:	_____	_____	_____	_____
	_____	_____	_____	_____

Licenses: _____

Certifications: _____

PREVIOUS EXPERIENCE

1. Job Title: _____ From: _____ To: _____

Employer: _____ Telephone # _____

Address: _____

Duties: _____

Reason for leaving: _____

2. Job Title: _____ From _____ To: _____

Employer: _____ Telephone # _____

Address: _____

Duties: _____

Reason for leaving: _____

3. Job Title: _____ From: _____ To: _____

Employer: _____ Telephone: _____

Address: _____

Duties: _____

Reason for Leaving: _____

Please identify any gap in employment longer than three months. _____

REFERENCES

I hereby affirm that the information provided on this application and accompanying resume, if any is true and complete. I understand that any false or misleading representations or omissions made on this application during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to Provide this facility with any requested information regarding my application or suitability for employment and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

Signature: _____ Date: _____