

University Medical Center

APPLICATION FOR EMPLOYMENT

Date:
Position Applied For:
Salary Requirements:
Referred By:

We Are An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, sexual preference, national origin, age, disability which can be reasonably accommodated without undue hardship, marital or veteran status, or any other legally protected classification.

GENERAL INFORMATION

Last Name _____ First Name _____ Middle _____ Telephone No. _____

Address _____ City _____ State _____ Zip _____

Have you ever been employed by Hackensack University Medical Center? Yes ☐ No ☐ — If yes, when and in what position? _____

Are you over 18 years of Age? ☐ Yes ☐ No

PROFESSIONAL LICENSES - Complete only if job related

N.J.S. Registration No.	Permit No.	Expiration Date
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Indicate Preferred
Hours of Work:

☐ Day

☐ Full Time

☐ Evening

☐ Part Time _____ (approx. hours)

☐ Night

☐ Weekends & Legal Holidays

Are you either a U.S. citizen or an alien lawfully permitted to work in the U.S.? Yes ☐ No ☐ (All new hires will be required to prove eligibility to work in the U.S. in accordance with federal law.)

Have you ever been convicted of a criminal offense other than a minor traffic violation? If yes, specify? (NOTE: you need not list any conviction which has been expunged, sealed, or statutorily eradicated. A conviction record will not necessarily bar an applicant from employment. Factors such as relation to the job, age and time of offense, seriousness and nature of violations, and efforts at rehabilitation will be taken into account.) _____

List membership in any job-related professional organization: _____

EDUCATION AND TRAINING

	Name	Address	Course of Study	Did You Graduate	Degree or Diploma
Trade or High School					
College					
Graduate School					
Nursing or Other School					

Special Job-Related Training and/or Skills _____

EMPLOYMENT HISTORY

List in order of last employer first; if you worked under a different name, please indicate.

Name of Company _____

Address _____ City _____ State _____ Zip Code _____

Position title _____ Supervisor's name and title _____

May we contact? Yes ☐ No ☐ Dates employed: Mo. _____ Yr. _____ to Mo. _____ Yr. _____

Description of Work _____

Reason for Considering Change _____

Starting Gross Salary _____ Final Gross Salary _____

Name of Company _____

Address _____ City _____ State _____ Zip Code _____

Position title _____ Supervisor's name and title _____

May we contact? Yes ☐ No ☐ Dates employed: Mo. _____ Yr. _____ to Mo. _____ Yr. _____

Description of Work _____

Reason for Leaving _____ Starting Gross Salary _____ Final Gross Salary _____

EMPLOYMENT HISTORY (cont.)

List in order of last employer first; if you worked under a different name, please indicate.

Name of Company _____

Address _____ City _____ State _____ Zip Code _____

Position title _____ Supervisor's name and title _____

May we contact? Yes ☐ No ☐ Dates employed: Mo. _____ Yr. _____ to Mo. _____ Yr. _____

Description of Work _____

Reason for Leaving _____ Starting Gross Salary _____ Final Gross Salary _____

Name of Company _____

Address _____ City _____ State _____ Zip Code _____

Position title _____ Supervisor's name and title _____

May we contact? Yes ☐ No ☐ Dates employed: Mo. _____ Yr. _____ to Mo. _____ Yr. _____

Description of Work _____

Reason for Leaving _____ Starting Gross Salary _____ Final Gross Salary _____

Name of Company _____

Address _____ City _____ State _____ Zip Code _____

Position title _____ Supervisor's name and title _____

May we contact? Yes ☐ No ☐ Dates employed: Mo. _____ Yr. _____ to Mo. _____ Yr. _____

Description of Work _____

Reason for Leaving _____ Starting Gross Salary _____ Final Gross Salary _____

Name of Company _____

Address _____ City _____ State _____ Zip Code _____

Position title _____ Supervisor's name and title _____

May we contact? Yes ☐ No ☐ Dates employed: Mo. _____ Yr. _____ to Mo. _____ Yr. _____

Description of Work _____

Reason for Leaving _____ Starting Gross Salary _____ Final Gross Salary _____

Attach Additional Sheets If Necessary

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed for bankruptcy—to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.**
Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if (1) a person has taken action against you because of information supplied by the CRA and (2) you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise any national CRAs to which it has provided the data of any error). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone, such as a creditor who reports to a CRA, that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is in fact an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old (ten years old for bankruptcies).
- **Access to your file is limited.** ACRA may provide information about you only to people with a need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers or reports that contain medical information.** ACRA may not give out information about you to your employer or prospective employer without your written consent. ACRA may not report medical information about you to creditors, insurers or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.

**REQUEST, AUTHORIZATION, CONSENT AND RELEASE
FOR BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I: _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE JR., SR., II, III ETC.)

understand that in accordance with the requirements of the Fair Credit Reporting Act, 15 U.S.C. §§1681 et seq., University Medical Center, by this document, is disclosing to me that it may obtain a consumer report (i.e., information gathered by a consumer reporting agency such as criminal-related data, motor vehicle records, and/or general information relating to credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living) for employment purposes as part of its employment background investigation. I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act.

By signing below, I hereby acknowledge that I have read and understand this disclosure and authorize University Medical Center to obtain a consumer report on me. Further, I understand and agree that this authorization shall remain on file and shall serve as an ongoing authorization for University Medical Center to obtain additional consumer report(s) on me at any time during my employment.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE UNIVERSITY MEDICAL CENTER AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS.

Signed _____

Today's Date _____

Printed Name _____

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Social Security Number

/ /
Date of Birth

Driver's License Number

State

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo. / Yr. / Mo. / Yr.

Current Address: _____
Street Apt.# City State Zip Code From / To?

Former Address: _____
Street Apt.# City State Zip Code From / To?

Former Address: _____
Street Apt.# City State Zip Code From / To?

Former Address: _____
Street Apt.# City State Zip Code From / To?

APPLICANT'S AUTHORIZATION—READ CAREFULLY

I hereby affirm that the information contained in this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I also agree that any misstatement, falsified information, or omission deemed significant by the Medical Center may disqualify me from further consideration for employment and/or may be considered justification for dismissal if discovered after an offer of employment has been extended.

I further affirm that I am not currently excluded from participating in any Federal or State Health Care Program and I am not included in the Department of Health and Human Services List of Excluded Individuals/Entities. I understand that after a job offer is extended, but prior to beginning work and then periodically thereafter as a condition of employment, the Medical Center will verify that I am not included in the Department of Health and Human Services List of Excluded Individuals/Entities. If I receive notification that I have been excluded I will notify the Medical Center immediately.

I understand that nothing in this application or any other Medical Center document, or an acceptance of employment, creates or constitutes an employment contract between the Medical Center and me, and that should I be hired, my employment would be at will, which means that it would be for no fixed duration and could be terminated by me or the Medical Center at any time with or without notice or cause. I understand that no oral or written statement to the contrary shall change this relationship, or should be relied upon by me.

If hired, as a condition of my employment, I agree to conform to the rules and regulations of the Medical Center. I understand that after a job offer is extended, but prior to beginning work, I will be required to undergo a physical examination, which may include a drug and alcohol test and which is in accordance with the requirements of the New Jersey State Department of Health, to verify my fitness to work. The results of such an examination will not be used to disqualify any applicant except to the extent that any disability discovered would, even with reasonable accommodation, preclude the safe and adequate performance of the job in question.

I authorize all persons, schools, companies, corporations and organizations named in this application (and accompanying documents if any), law enforcement agencies, and credit bureaus to release any information concerning my background, and I hereby release them and the Medical Center from any and all claims of liability in law and in equity that may arise out of obtaining such information.

I understand that contingent upon my employment is my results of a consumer report that the medical Center may obtain as part of its employment background investigation.

Date

Applicant's Signature

THIS APPLICATION WILL BE CONSIDERED FOR ONE YEAR FROM THE DATE IT IS SUBMITTED. SHOULD YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT DATE, YOU MUST SUBMIT A NEW APPLICATION.