



**Pre – Employment Questionnaire**

PLEASE PRINT

DATE: \_\_\_\_\_

**Position(s) for which application is being completed:**

\_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of time residing in Pittsburgh or Pennsylvania? \_\_\_\_\_  
If less than 2 years, may require and FBI fingerprint check.

Are you older than 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If under age 18, date of birth \_\_\_\_\_  
If under age 18, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION**

Highest grade completed: \_\_\_\_\_

	Name	Location	From	To	Graduate
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Special Training	_____	_____	_____	_____	_____

Are you a smoker? Yes \_\_\_\_\_ No \_\_\_\_\_

Related skills to the position(s) for which you are applying? \_\_\_\_\_

\_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

When would you be available to begin work if offered a position of employment? \_\_\_\_\_

Have you ever been employed by St. Barnabas Health System? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Corporation / Department \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you worked in a long-term care facility or other health care facility before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please supply details \_\_\_\_\_

Why are you interested in working for St. Barnabas Health System? \_\_\_\_\_

How did you learn about employment possibilities with St. Barnabas? \_\_\_\_\_

Are you interested in *Part-time* \_\_\_\_\_ *Full-time* \_\_\_\_\_ *Temporary work* \_\_\_\_\_

If temporary, please explain \_\_\_\_\_

Are there any hours when you would not be available for work at St. Barnabas? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_

If yes, please specify and give reasons \_\_\_\_\_

Are you willing to work weekends? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_ Overtime? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_

How many days were you absent from work? *2011* \_\_\_\_\_ *2010* \_\_\_\_\_

Have you been discharged from any employment other than layoff due to lack of work? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_

If yes, give details \_\_\_\_\_

Have you been convicted of any crime? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever been barred or sanctioned by Medicaid or Medicare? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_

If yes, give details \_\_\_\_\_

Do you use any illegal drugs of any kind? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_

If yes, explain \_\_\_\_\_

Please set forth any training or special skills you possess: \_\_\_\_\_

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**MILITARY SERVICE**

Did you serve in the U.S. Armed Forces? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_ Branch \_\_\_\_\_

Entered \_\_\_\_\_ Discharged \_\_\_\_\_ Final Rank \_\_\_\_\_ Selective Service Classification \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Present military status: Active \_\_\_\_\_ Inactive \_\_\_\_\_ Reserve \_\_\_\_\_

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**PERSONAL REFERENCES** (Other than relatives or former employers.)

Name	Occupation	Address	Telephone	Yrs Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMPLOYMENT EXPERIENCE**

*Please start with your present or last job. You may include any volunteer activities. You should exclude organizations, which indicate race, color, religion, gender, national origin, sexual orientation, disability or other protected status.*

<i>Employer</i>	<i>Position / Job Title</i>	
<i>Address</i>	<i>Dates Employed</i>	
	<b><u>From:</u></b>	<b><u>To:</u></b>
<i>Telephone Number</i> _____ ( )	<i>Hourly Rate / Salary</i>	
	<b><u>Starting:</u></b>	<b><u>Final:</u></b>
<i>Supervisor</i>	<i>Reason for Leaving</i>	
<i>Work Performed</i>		

<i>Employer</i>	<i>Position / Job Title</i>	
<i>Address</i>	<i>Dates Employed</i>	
	<b><u>From:</u></b>	<b><u>To:</u></b>
<i>Telephone Number</i> _____ ( )	<i>Hourly Rate / Salary</i>	
	<b><u>Starting:</u></b>	<b><u>Final:</u></b>
<i>Supervisor</i>	<i>Reason for Leaving</i>	
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	<b><u>From:</u></b>	<b><u>To:</u></b>
<i>Telephone Number</i> _____ ( )	<i>Hourly Rate / Salary</i>	
	<b><u>Starting:</u></b>	<b><u>Final:</u></b>
<i>Supervisor</i>	<i>Reason for Leaving</i>	
<i>Work Performed</i>		

May we contact the employers listed above? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 If not, indicated references and which one(s) you do not wish us to contact \_\_\_\_\_

List additional employment history on the backside of this page.

**ST. BARNABAS HEALTH SYSTEM, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, RELIGION, COLOR, AGE, GENDER, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY OR HANDICAP, VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER STATUS PROTECTED BY LAW. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.**

**THIS IS NEITHER AN EMPLOYMENT CONTRACT NOR A GUARANTEE OF EMPLOYMENT. YOUR COMPLETED APPLICATION WILL BE MAINTAINED IN OUR ACTIVE FILES FOR THIRTY (30) DAYS FROM THE DATE OF APPLICATION. YOU MAY SUBMIT A NEW APPLICATION OR UPDATE THIS APPLICATION AT ANY TIME.**

1. If you require any special reasonable accommodation completing this application, interviewing, completing any pre-employment testing, or otherwise participation in the employee selection process, please advise us.
2. You will be required to pass a drug and or alcohol screening test as a condition of employment.
3. By signing below, you understand that all statements made herein are subject to verification by St. Barnabas Health System Inc. and you hereby release St. Barnabas Health System, its related entities and employees from all liability associated with these statements and how they are utilized in the employment process.
4. I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living, is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted. By signing below, I am authorizing the St. Barnabas Health System, Inc. to obtain a consumer or investigative consumer report on me as part of the St. Barnabas Health Systems, Inc. background screening process.
5. I specifically hereby authorize in writing St. Barnabas Health System Inc. and or its assigns to conduct a Credit Check as defined by the federal Fair Credit Reporting Act (FCRA), conduct a criminal background check, and when not a resident of Pennsylvania for at least two years, conduct an FBI fingerprint check. Your authorization below meets the standards to allowing St. Barnabas Health System Inc. and or its assigns to contact a consumer reporting agency who may provide information about you.

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_