



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 Southwestern Pennsylvania area? _____

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: _____

	<i>Name</i>	<i>Location</i>	<i>From</i>	<i>To</i>	<i>Graduate</i>
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? *2007* _____ *2006* _____ *2005* _____

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: _____

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 _____

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.

Employer	Position / Job Title
Address	Dates Employed
Telephone Number ()	Hourly Rate / Salary
Supervisor	Reason for Leaving
Work Performed	

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Address	Dates Employed
Telephone Number ()	Hourly Rate / Salary
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Work Performed	

(List additional employment history on backside of this page if needed.)

May we contact the employers listed above? **Yes** _____ **No** _____

If not, indicated references and which one(s) you do not wish us to contact _____

I hereby agree to submit to any lawful drug, alcohol or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing may result in the termination of my employment.

I understand that all statements made here are subject to verification by St. Barnabas Health System and I release from all liability or responsibility all persons, companies, or other health care institutions supplying such information. I agree that St. Barnabas Health System may use the contents of this application form and related reports in any lawful manner. I further understand that misrepresentation of facts is sufficient cause for rejection of this application or discharge if I am employed by St. Barnabas Health System. I understand that the company does not offer specific terms of employment and accordingly my employment is terminable at will, by either party.

Signature _____

Date _____