



# ST. BARNABAS HEALTH SYSTEM

## 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: \_\_\_\_\_

	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? **2008** \_\_\_\_\_ **2009** \_\_\_\_\_ **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.*

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

Employer	Position / Job Title
Address	Dates Employed
Telephone Number ( )	Hourly Rate / Salary
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Address	Dates Employed
Telephone Number ( )	Hourly Rate / Salary
Supervisor	Reason for Leaving
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* \_\_\_\_\_