LIGHT OF NEW JERSEY HEALTHCARE LLC

26 Murphy Dr
Hillsborough, NJ 08844
Tel: 9082928841 Email: info@LNJhealthcare.com

APPLICATION FOR EMPLOYMENT

The Light of New Jersey Healthcare LLC is an equal-opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis provided by local, state, or federal law. Should you need reasonable accommodation in the application process, please contact LNJ Healthcare LLC.

GENERAL INFORMATION

Name (Last)	**(First)**		**(Middle Initial)**	**Home Telephone** ( ) -
Address (Mailing Address)	**(City)**	**(State)**	**(Zip)**	**Other Telephone** ( ) -

E-Mail Address	**Are you legally entitled to work in the U.S?** ☐ Yes ☐ No
Social Security Number:	**Type of License held** ☐R.N. ☐L.P.N. ☐H.H.A. ☐N.A.
Malpractice Insurance ☐**Yes - Policy Number:** ☐**No**	**Malpractice Insurance carrier name and address if applicable:**
Have you ever been convicted of a crime offense (felony or misdemeanor)? ☐**Yes** ☐**No**	**If yes, please state the nature of the crime (s), when and where convicted, and the disposition of the case.**

POSITION

Position Or Type Of Employment Desired	**Will Accept:** ☐ Part-Time ☐ Full-Time ☐ Temporary	**Shift:** ☐ Day ☐ Swing ☐ Graveyard ☐ Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? ☐ Yes ☐ No		
Salary Desired	**Date Available**	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? ☐ **Yes** ☐ **No**
If no, list the highest grade completed

Education (Most recent first)

Name and Address	Dates Attended Month/Year	Credits Earned: Quarterly or Semester Hours	Credits Earned: Other (Specify)	Graduate	Degree & Year	Diploma/Degree
	From			☐ Yes ☐ No		
	To					
	From			☐ Yes ☐ No		
	To					
	From			☐ Yes ☐ No		
	To					
	To					

Occupational License, Certificate or Registration	Number	Issuing Authority and Place	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English			

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Areas of actual working experience and period of time during which each experience was acquired (e.g. ICU – one year, private residence – one year) Work experience Duration		Hours Per Week
		Last Salary
Specific Duties (Maximum 350 characters)		Supervisor
Reason For Leaving		May We Contact This Employer? ☐ Yes ☐ No

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Address		
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Specific Duties (Maximum 350 characters)		Supervisor
Reason For Leaving		May We Contact This Employer? ☐ Yes ☐ No

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Areas of actual working experience and period of time during which each experience was acquired (e.g. ICU – one year, private residence – one year)		Hours Per Week

Work experience Duration **Specific Duties (Maximum 350 characters)**		**Last Salary** **Supervisor**
Reason For Leaving	**May We Contact This Employer?** ☐ Yes ☐ No	
Employer	**Telephone Number** ( ) -	**From (Month/Year)**
Address		
Job Title	**Number Employees Supervised**	**To (Month/Year)**
Areas of actual working experience and period of time during which each experience was acquired (e.g. ICU – one year, private residence – one year) **Work experience Duration** **Specific Duties (Maximum 350 characters)**		**Hours Per Week** **Last Salary** **Supervisor**
Reason For Leaving	**May We Contact This Employer?** ☐ Yes ☐ No	

I ……. hereby authorize Light of New Jersey Healthcare LLC to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant_____ **Date**_____

Interviewer's Comments:

Light of New Jersey Healthcare LLC is an equal opportunity provider of employment.