

LIST MOST RECENT POSITION FIRST (INCLUDING MILITARY)

WORK EXPERIENCE

DATE OF EMPLOYMENT		NAME OF EMPLOYER	
FROM	TO		
EMPLOYER'S PHONE NUMBER		ADDRESS OF EMPLOYER	
POSITION AND DEPARTMENT		NAME AND TITLE OF SUPERVISOR	FINAL SALARY
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
DATE OF EMPLOYMENT		NAME OF EMPLOYER	
FROM	TO		
EMPLOYER'S PHONE NUMBER		ADDRESS OF EMPLOYER	
POSITION AND DEPARTMENT		NAME AND TITLE OF SUPERVISOR	FINAL SALARY
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
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OTHER

HAVE YOU EVER BEEN CONVICTED OF A FELONY?	IF YES, PLEASE EXPLAIN:
HOW DID YOU HEAR ABOUT THIS POSITION?	
<input type="checkbox"/> NEW MILFORD EMPLOYEE NAME: _____	
<input type="checkbox"/> HOSPITAL WEBSITE	
<input type="checkbox"/> NEWSPAPER	
<input type="checkbox"/> INTERNET JOB BOARD	
<input type="checkbox"/> OTHER: _____	
WHAT HAS BEEN YOUR MOST INTERESTING WORK?	

PERMISSION FOR RELEASE OF REFERENCES

NOTE: AS MORE THAN ONE REFERENCE MAY BE REQUIRED, PLEASE LEAVE THE LINE "TO" BLANK

Date _____

TO: _____

I HEREBY GIVE MY PERMISSION TO RELEASE TO THE NEW MILFORD HOSPITAL, NEW MILFORD, CT, ANY INFORMATION REGARDING MY EMPLOYMENT RECORD AND WORK PERFORMANCE.

SIGNATURE OF APPLICANT

PROFESSIONAL REFERENCES

REFERENCES: NAMES OF THREE FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS

NAME	ADDRESS	BUSINESS AND POSITION	TELEPHONE

Applicants should be aware that except as provided by law, all employees of NMH are employees at will. This means that any employee's employment or compensation can be terminated with or without cause, and with or without notice, at any time at the option of the employee or The New Milford Hospital, Inc. No employee or other agent or representative of NMH has any authority to enter into any agreement for any specified period of time or to make any agreement contrary to the foregoing except the President & CEO of NMH, Inc.

It is the policy of New Milford Hospital that employment is conditioned upon passing a post offer medical examination which includes a blood, urine and/or saliva test to determine the presence or use of alcohol, drugs or controlled substances.

APPLICANT'S CERTIFICATION

I UNDERSTAND THAT MY EMPLOYMENT IS DEPENDENT UPON SATISFACTORY COMPLETION OF A PHYSICAL EXAMINATION, CUSTOMARY BACKGROUND CHECKS, RECEIPT OF SATISFACTORY REFERENCES, AND SATISFACTORY COMPLETION OF PROBATIONARY PERIOD.

I AUTHORIZED ALL PREVIOUS EMPLOYERS TO FURNISH THE NEW MILFORD HOSPITAL MY REASON FOR LEAVING AND ALL INFORMATION THEY MAY HAVE CONCERNING ME AND HEREBY RELEASE THEM AND THE NEW MILFORD HOSPITAL FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER ARISING THEREFROM. I ALSO AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION.

I UNDERSTAND THAT ANY FALSIFICATION OF THESE STATEMENTS WILL RESULT IN CANCELLATION OF MY APPLICATION FOR EMPLOYMENT OR DISCHARGE FROM THE HOSPITAL SERVICE IF I HAVE ALREADY BEEN EMPLOYED.

YOU HAVE MY PERMISSION TO CONTACT MY PRESENT EMPLOYER.

YES NO

SIGNATURE

DATE