

JESDIT INFUSION LLC EMPLOYMENT APPLICATION

			Date:					
PERSONAL INFO	RMATION							
Last Name:		Middle	Initial:	First Name:	:			
Street Address:			City: State:			_Zip:		
DOB MM/DD/YYYY SS#		e you over the ag	e of 18? YES	_ NO A	GE			
			Email:					
Emergency Cont	act:		PI	hone:				
Position(s) Ap	plying For: _		_					
How many hours can you work weekly? When are you available to work?								
Employment desired: FULL TIME PER DIEM PART TIME								
AVAILABILITY								
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Morning	Morning	Morning	Morning	Morning	Morning	Morning		
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon		
Evening	Evening	Evening	Evening	Evening	Evening	Evening		
Night	Night	Night	Night	Night	Night	Night		
How do you hear about us? Friends other EDUCATION								
Type of School	pe of School Name of School		Address		Number of Years Completed?	, , ,		
High School								
College								
Trade School								



HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
If yes, explain the number of convictions, the nature of the offense(s) leading to the conviction(s), how recently was/were the offense(s) committed, sentence(s) imposed, and type(s) of rehabilitation.
Do you have a current professional license? YES NOIf so, In which states:
TypeLICENSE NUMBER DATE ISSUEDEXPIRATION DATE
Has your license ever been suspended or revoked? YES NO
Have you ever been disciplined for being unprofessional or unethical nursing to include abuse or neglect? YES $__$ NO $__$
If so, explain
Are you legally eligible for employment in the U.S.A.? Yes No
Do you have a valid driver's license? YES NOIf yes, list the number: STATE OF ISSUE EXPIRATION DATE
(FYI MVRs are checked prior to hire.)
MILITARY
HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO
ARE YOU A NOW A MEMBER OF THE NATIONAL GUARD? YES NO
Specialty Date entered Discharged date



Please list your work experience for the past 3 most recent employer.	Byears beginning with your most starting with your		
, ,			
Employer Name:Address:			
Phone Number:			
Start: End:	Pay / Salary		
Your Job title: Reason for Leaving:			
Job Duties and Responsibilities:			
Employer Name:	Name of your Supervisor:		
Address:	Phone number:		
Phone Number: Start: End:	Pay / Salary		
Your Job title: Reason for Leaving:			
Job Duties and Responsibilities:			
Employer Name:Address:			
Phone Number:	Phone number:		
Start: End:	Pay / Salary		
Your Job title: Reason for Leaving:			
Job Duties and Responsibilities:			



Please list any additional skills, qualifications, certifications, or training that you feel is relevant to this position (e.g., speak a foreign language, CPR, or other training or special education).

Experience: less than a year	1-3 years	3-5 years	More than 5 years
May we contact your pres	ent employer? Yes	No	
Did you complete this app	lication yourself? Yes _	No	
If not, who did?			
REFERENCES			
Please list any two references -	PERSONAL		
Name:	Name:		
Position:	Position	1:	
Address:	Address	::	
Phone:	Phone: _		
Please list any two references -	PROFESSIONAL		
Name:	Name:		
Position:	Position	ı:	
Address:	Address	::	
Phone:	Phone:		



N.J.S. 2C: 15-1 et seq.

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by **JESDIT INFUSION LLC**, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position. Both the undersigned and **JESDIT INFUSION LLC** may end the employment relationship at any time.

I further understand that my employment with the company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary or thereafter, my employment relationship with **JESDIT INFUSION LLC** is terminable at will for any reason by either party.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give **JESDIT INFUSION LLC** permission to contact schools, all previous employers (unless otherwise indicated) and check references.

I understand that if after a job offer is made, I must consent to and complete a drug and alcohol screening test prior to employment. I must pass the drug and alcohol screening test in order to be employed by **JESDIT INFUSION LLC**

If hired, I understand that I am required to authorize the State of New Jersey - Department of Human Services to conduct a criminal background check. I understand that I will need to agree to be fingerprinted in order to complete the Federal and State background check. I also understand that I will need to certify whether or not I have been convicted of any of the offenses listed in the New Jersey State law P.L. 1999, c.358. If the background check reveals any conviction(s) for the offenses listed in this law, I understand that I may be subject to termination of employment.

Offenses covered under New Jersey State law P.L.1999, C. 358: In New Jersey, any crime or disorderly person offense: - Involving danger to the person as set forth in:

N.J.S. 2<u>C:11-1 et seq.</u> 2C:11-3 Murder 2C:11-4 Manslaughter 2C:11-5 Death by auto N.J.S. 2C:12- et seq. 2C:12-1a Simple assault 2C:12-1b Aggravated assault 2C:12-2 Recklessly endangering another person 2C:12-3 Terroristic threats 2C:13-1 Kidnapping N.J.S. 2C:13-1 et seq. 2C:13-4 Interference with custody of children N.J.S. 2C: 14-1 et seq. 2C:14-2 Sexual assault 2C:14-3 Criminal sexual contact 2C:14-4 Lewdness

2C: 15-1 Robbery

- against the family, children or incompetents as set forth in **2C: 24-1** et seq. 2C: 24-4Endangering the welfare of a child **2C:24-7** Endangering the welfare of an incompetent person.
- a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S. 2C:24-1 et seq.
- in any other state or jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

Signature of Applicant: _	Date:	
Signulure oj Applicum.	 Date.	

JESDIT INFUSION LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with JESDIT INFUSION LLC depends solely on your qualifications.

Thank you for completing this application form and your interest in our company