



CHILDREN'S SPECIALIZED HOSPITAL

Mailing Address: 150 New Providence Road, Mountainside, New Jersey 07092

Phone: 908-301-5414 Fax: 908-301-5540

Website: www.childrens-specialized.org

APPLICATION FOR EMPLOYMENT

Date _____

Position(s) applied for _____

Name _____ Phone () _____

Address _____ City _____ State _____ Zip Code _____ From _____ To _____

Previous Address _____ City _____ State _____ Zip Code _____ From _____ To _____

Social Security # _____ Start Date _____ Email Address _____

Check shifts that your are available to work.

	Full Time	Part Time	Per Diem	Temporary
Day	_____	_____	_____	_____
Evening	_____	_____	_____	Summer _____
Night	_____	_____	_____	Weekends _____

Referral Source _____ If referred by CSH employee, give name _____

Have you worked for CSH before? ___ Yes ___ No If Yes, when? _____

Department _____ Position _____ Supervisor _____

Do you have any relatives working at CSH? ___ Yes ___ No

If Yes, give relationship and department _____

Are you under age 18? Yes ___ No ___

Are you eligible to work in the United States? Yes ___ No ___ If yes indicate status: ___US Citizen ___Permanent Resident

___Visa Type _____ Expiration Date _____

Are you able to perform the duties of the job you are applying for? ___ Yes ___ No

If No, please explain the duties you are unable to perform and the accommodations necessary to permit you to perform those duties:

By checking this box, you are affirming that you are not currently excluded, debarred or otherwise ineligible to participate in federal healthcare programs (including but not limited to Medicare and Medicaid).

Professional license, registration or certificate
 Type _____ State _____ # _____ Expiration _____

Education

Name of School	Address	City	State	Graduate Yes No	Degree or Certificate
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High School				___ ___	
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College (s)				___ ___	
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				___ ___	
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Other				___ ___	
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Employment/Clinical Affiliation (MUST BE COMPLETED) *List employment beginning with your last or most current employer.*

Employer/Clinical Affiliation _____
Address _____ City _____ State _____ Zip Code _____
Phone (____) _____ Job Title _____ Worked From _____ To _____
Month/Year Month/Year
Shift(s) Worked _____ Full Time ____ Part Time ____ Per Diem ____ Contract ____ Salary _____
Supervisor _____ Title _____
Reason for Leaving _____ May we contact employer? Yes ____ No ____

Employer/Clinical Affiliation _____
Address _____ City _____ State _____ Zip Code _____
Phone (____) _____ Job Title _____ Worked From _____ To _____
Month/Year Month/Year
Shift(s) Worked _____ Full Time ____ Part Time ____ Per Diem ____ Contract ____ Salary _____
Supervisor _____ Title _____
Reason for Leaving _____ May we contact employer? Yes ____ No ____

Employer/Clinical Affiliation _____
Address _____ City _____ State _____ Zip Code _____
Phone (____) _____ Job Title _____ Worked From _____ To _____
Month/Year Month/Year
Shift(s) Worked _____ Full Time ____ Part Time ____ Per Diem ____ Contract ____ Salary _____
Supervisor _____ Title _____
Reason for Leaving _____ May we contact employer? Yes ____ No ____

Application Agreement *Please Read Carefully*

I certify that the information I have given in this application is true and complete to the best of my knowledge. I understand that if I am employed, false statements or material omissions in this application shall be considered sufficient cause for dismissal. Children's Specialized Hospital ("CSH") is hereby authorized to make any investigation of previous employment and background. It is understood that satisfactorily passing a physical examination, which includes a drug screening, and the receipt of satisfactory references are employment requirements. I am aware that the Hospital and its property are smoke free and agree to abide by the no smoking regulations. I understand and agree that if I am hired by CSH, I will be an at-will employee and that nothing contained in any manual, handbook, policy statement or work rule of CSH constitutes a contract of employment or a contract or agreement for a definite term of employment. Nor does anything in any manual handbook, policy statement or work rule of CSH limit or otherwise restrict: (a) the right of CSH or any employee to terminate the employment relationship at any time, with or without cause and whether or not CSH has complied with applicable procedures; (b) the right of CSH to change the terms and conditions of employment (including, but not limited to, wages and benefits) as to any employee; or (c) the right of CSH to modify the terms of any manual, handbook, policy statement or work rule.

This notice and agreement may not be modified or altered in substance, scope or application except by written agreement signed by the President of Children's Specialized Hospital.

Signature _____ Date _____

Children's Specialized Hospital is an equal opportunity employer. It is recruitment, employment and promotion of all individuals without regard to age, marital status, national origin, handicap or disability, atypical blood trait, armed forces and status as a disable or Vietnam-era veteran.



Our Vision, Mission, and Values

Vision

The Vision of Children's Specialized Hospital is a world where all children can reach their full potential.

Mission

The Mission of Children's Specialized Hospital is to be the preeminent provider of specialized healthcare services for infants, children, and young adults.

Values

Our trustees, employees, and volunteers will embody our values in every interaction with patients, their families, each other, and all other stakeholders. Our values are:

- **Compassion:** We will provide a loving, caring family-centered environment for the children, their families, and each other. We advocate for children and their families.
- **Integrity:** We are committed to organizational and financial accountability, transparency, respect for all, and ethical practices.
- **Excellence:** We will be the best at our jobs and provide the highest quality family-centered care to our children, constantly striving to improve and be the best.
- **Innovation:** We go above and beyond the norm and will be creative in providing care and solving problems.
- **Teamwork and Collaboration:** We seek to collaborate and partner in all that we do. We are a team where every person is needed to provide the quality care for which we are known. We work together and communicate effectively.
- **Fun:** We will provide a positive and friendly environment.

I acknowledge having received and read Children's Specialized Hospital's Vision, Mission and Values.

Print Name

Signature

Date

**CHILDREN'S SPECIALIZED HOSPITAL
SEARCH REQUEST FORM**

Information To Be Completed By Applicant:

Applicant's Name: _____ Social Security No.: _____

Driver's License No: _____ DL State: _____

Professional License No: _____ License Type: _____

College/University/Address: _____

Major: _____ Year of Graduation: _____ Maiden Name: _____

FOR COMPLETION BY HR ONLY

To process your search, complete this request form in it's entirety and fax it to **DATALINE VERIFICATION CO.**, at (973) 428-8980 or (973) 887-9158. Please type or print legibly. (Note: Attach resume and/or job application, if available)

Authorized Requestor: _____ Date Submitted: _____

Fax #: (908) 301-5540 Phone#: (908) 301-_____

Reports Requested: Please check box: **Package I: Non-professional/Clerical Staff**

Social Security Search
Statewide Criminal Search
Employment Verification
OFAC Search
OIG Medicare Sanctions

Package II: Management

Social Security Search
Statewide Criminal Search
Employment Verification
OFAC Search
OIG Medicare Sanctions
Professional License **or** Education Verification, whichever applies

Professional Staff

Social Security Search
Statewide Criminal Search
Employment Verification
OFAC Search
OIG Medicare Sanctions
Professional License Verification
Education Verification

Other: Please describe: _____

APPLICANT CONSENT FOR BACKGROUND INVESTIGATION

Name: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____

I hereby authorize Children’s Specialized Hospital and its affiliates, or its agents to investigate me, my former employment and professional reputation.

I hereby authorize all persons, firms, companies, government agencies, courts, credit agencies, associations or institutions having control of any documents, records or other information to furnish said documents to the above requestor.

I understand that the above information is specifically related to the background investigation process, and that date of birth will be requested and required by Human resources **upon acceptance of an offer of employment** to facilitate the most effective background check.

I hereby release Children’s Specialized Hospital and its affiliates, or its agents from any and all liability resulting from such investigation.

Signature: _____ Date: _____

Human Resources Use Only

Please Provide Date of Birth Upon Acceptance of an offer of Employment:

Date of Birth: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment -- or to take another adverse action against you -- must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Bureau of Consumer Financial Protection
1700 G Street NW
Washington, DC 20006

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Department of Transportation
400 Seventh Street SW
Washington, DC 20590

Office of Proceedings, Surface Transportation Board
Department of Transportation
1925 K Street NW
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
406 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357



**The Central Registry of Offenders Against Individuals with Developmental Disabilities
Employee/Volunteer Consent for Employers to Check Form
N.J.A.C. 10:44D**

Please Complete the Following Information:

Employee/Volunteer Last Name: _____ First Name: _____

Other Last/First Names Used: (please list any/all last names used, including maiden name, nicknames or other)

D.O.B.: _____ Last Four (4) Digits of Social Security Number: _____

Agency/Facility Name: _____

In accordance with *N.J.S.A. 30:6D-73 et seq.*, I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the NJ Department of Human Services' (DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry) for the purpose of working/volunteering at an agency/facility/program, licensed, regulated or contracted with the Department of Human Services.

I understand that while I am awaiting the results of the Central Registry check, I may not work unsupervised with individuals with developmental disabilities and that I must be accompanied by a senior staff member or supervisor in any activities involving individuals with developmental disabilities.

By signing this agreement, I attest that the information I have provided above is factual and correct and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on the NJ DHS Central Registry of Offenders Against Individuals with Developmental Disabilities. I understand that if my name appears on the Central Registry, I may not be employed/allowed to volunteer in a program licensed, contracted or funded, directly or indirectly by the State of New Jersey to work with individuals with developmental disabilities.

I understand that also under *N.J.S.A. 30:6D-73 et seq.*, in my capacity as an employee, caregiver or volunteer, in a program or facility licensed, regulated or contracted with DHS, or receiving state funding directly or indirectly, I am required to immediately report any/all allegations of abuse, neglect and/or exploitation against an individual with a developmental disability to the NJ Department of Human Services and that failure to do so, while having reasonable cause to believe such an act was committed, constitutes a disorderly persons offense. I understand that when making such a report, in good faith, I am immune from any civil or criminal liability that might otherwise attach from the act of making the report. I understand that in situations of discrimination or discharge from employment as a result of making a report in good faith, I may seek court relief for such actions.

I further understand that I am required to cooperate with investigations conducted by DHS or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders Against Individuals with Developmental Disabilities.

Employee/Prospective Employee/Volunteer Name (please print) Signature Date

<i>Provider Agency Use Only</i>		
<i>The above named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with N.J.A.C. 10:44D</i>		
<i>Registry Check Performed By:</i> _____	<i>Date:</i> _____	<i>Listed on Registry</i> Yes ___ No ___