

**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
RECRUITMENT OFFICE**
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POSTING NO.

PRE-EMPLOYMENT APPLICATION

Please Print in Black Ink or Type

POSITION DESIRED	<input type="checkbox"/> F/T <input type="checkbox"/> P/T
SOURCE OF REFERRAL	

LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NO.	TELEPHONE NO.
ADDRESS		CITY OR BOROUGH	STATE	ZIP CODE
CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN	ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, STATE AGE _____	U.S. ARMED FORCES SERVICE – BRANCH OF SERVICE U.S. _____ <input type="checkbox"/> VETERAN <input type="checkbox"/> DISABLED VETERAN DATE OF ENTRY _____ DATE OF DISCHARGE _____ ARMED FORCES OCCUPATION _____		
PREVIOUS NEW YORK CITY EMPLOYMENT (AGENCY & DATES)				
INDICATE ANY OTHER NAME USED ON EMPLOYMENT RECORDS				

EDUCATION

EDUCATION LEVEL	ATTENDANCE		NAME AND ADDRESS OF SCHOOL INCLUDE FULL STREET ADDRESS, CITY, STATE AND ZIP CODE	MAJOR COURSE OF STUDY	DID YOU GRADUATE	DIPLOMA & DEGREE RECEIVED
	FROM MO/YR	TO MO/YR				
HIGH SCHOOL OR EQUIVALENT	/	/	NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			ADDRESS			
NURSING SCHOOL	/	/	NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			ADDRESS			
COLLEGE OR UNIVERSITY	/	/	NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			ADDRESS			
POST GRADUATE	/	/	NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			ADDRESS			

MEDICAL TRAINING & EXPERIENCE

FROM MO. YR.	TO MO. YR.	INTERNSHIPS, RESIDENCES, FELLOWSHIPS, PRIVATE PRACTICE NAME AND ADDRESS OF HOSPITAL (OR OFFICE IF PRIVATE PRACTICE)	(a) INTERNSHIP _____ INDICATE IF FORMAL OR SUB. APPT. (b) RESIDENCY _____ INDICATE SERVICE ASSIGNED TO (c) PRIVATE PRACTICE _____ INDICATE NATURE OF PRACTICE

LICENSE

IF A LICENSE OR PROFESSIONAL REGISTRATION IS REQUIRED FOR THE POSITION, PLEASE COMPLETE THE FOLLOWING:			
TITLE OF LICENSE YOU POSSESS (VALID IN N.Y.)			LICENSE NO.
NAME OF ISSUING AGENCY			
DATE OF ORIGINAL ISSUE	DATE LAST RENEWED	DATE OF EXPIRATION	RENEWAL NO.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Federal and State law prohibits discrimination in employment because of age, ancestry, color, creed, liability for service in the U.S. armed forces, marital status, national origin, the presence of a non-job-related medical condition or handicap, political activity, race, sex, or sexual orientation.

