

Thank you for your interest in **South Shore Medical Center, Inc.** Please take a moment to complete the information requested below and return it along with your completed application.

Name: _____ Date: _____

If you are applying for a *part-time* position:

1. How many hours per week do you want to work? _____
2. How many evenings? _____ OR days? _____
3. What time would you be able to report to work? _____
4. How late would you be willing to work? _____
5. Are you available Saturdays (9-5)? Half day? Alternate Saturdays? _____

6. Are you available Sundays (9-5)? Half day? Alternate Sundays? _____
7. Are you available Holidays? _____

If you are applying for a *full-time* position, please respond to numbers 5, 6, and 7 above.

Are you willing to work 10:00am to 6:00pm on Fridays? _____

Alternate address and phone number:
