

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:

\_\_\_\_\_