



**EDUCATION:** Please circle the highest school grade you completed. GED? \_\_\_\_\_

1    2    3    4    5    6    7    8    9    10    11    12    13    14    15    16

Name & Location of:	Diploma or Degree	Major	License or Certification
High School			
College/University			
Other			

List specifically any computer skills you have \_\_\_\_\_

Have you taken a course in Medical Terminology? \_\_\_\_\_ Other Medical? \_\_\_\_\_ Current CPR? \_\_\_\_\_

Do you have any special skills that we should be aware of? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? \_\_\_\_\_

Are you personally related to or acquainted with any present or former employee of South Shore Medical Center? \_\_\_\_\_

Name(s)? \_\_\_\_\_

Have you applied for a position here at any time in the past? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you previously been employed here? \_\_\_\_\_ If yes, dates & position(s) \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_

Have you been sanctioned by OIG for a Medicare/Medicaid issue? \_\_\_\_\_

I understand that the information on this application has been requested for purposes of evaluating my qualifications with regard to the requirements of the specified position. I understand and expressly agree that S.S.M.C. may make or employ an agency to make such pre-employment investigation of my competence, character, general reputation and personal characteristics as it may choose, and that information concerning such matters may be obtained through contacts or interviews with employers, neighbors, friends, associates or any other person with whom I am acquainted or who may have knowledge concerning the attributes referred to. I expressly consent and acquiesce in such investigation. I also understand that I have a right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation made.

I certify that all information given on this form is true to the best of my knowledge, information and belief and I understand that I will be subject to dismissal if I have made misrepresentation herein.

I give my consent to any pre-employment medical and physical examination required by South Shore Medical Center.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

South Shore Medical Center is committed, in accordance with applicable law, to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants, without regard to race, color, religious creed, national origin, ancestry, sex, marital status, age, handicap or status as a disabled or Vietnam-era veteran.

Please return your completed application to: Human Resources, South Shore Medical Center, PO Box 9147, Norwell, MA 02061

**Your application will be reviewed promptly upon return. You will be contacted if an interview can be offered.**