

**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
RECRUITMENT OFFICE  
42-09 28TH STREET, 3RD FLOOR, BOX 39  
QUEENS, NEW YORK 11101**

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**

<i>IF A LICENSE OR PROFESSIONAL REGISTRATION IS REQUIRED FOR THE POSITION, PLEASE COMPLETE THE FOLLOWING:</i>			
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.

