1199SEIU HOSPITAL LEAGUE - HEALTH CARE INDUSTRY - JOB SECURITY FUND
330 WEST 42ND STREET - 2ND FLOOR
NEW YORK - NEW YORK 10036
TEL.: (212) 629-5565
FAX: (212) 629-7410

Request for Appointment Form

NAME: _____ SS# _____
LAST FIRST

ADDRESS: _____
STREET & APT CITY STATE ZIP CODE

HOME PHONE: (____)_____ ALTERNATE PHONE: (____)_____

Type Of Position Last Employed At (BE SPECIFIC) _____

Type Of Position Interested In (BE SPECIFIC) _____

Shift Available (CIRCLE ONE): DAYS EVENINGS NIGHTS ANY

I Am Interested In (CIRCLE ONE): FULL TIME PART TIME EITHER FULL TIME OR PART TIME

I Am Interested In (CIRCLE AS MANY AS APPLY): PERMANENT TEMPORARY PER DIEM

When Are You Available To Visit Our Office? (CIRCLE AS MANY AS POSSIBLE)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY ANYDAY

MORNING AFTERNOON EVENING

Were You Referred To Our Office? YES NO If Yes, By Whom? _____

Are You Presently Working? YES NO If Yes, Where? _____

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS:

This Form Must Be Completed In Its Entirety With A RESUME Attached

The Employment Center Does Not Accept Forms In Person

You Must Mail In The completed Form To:

1199 Health & Human Service Employment Center
P.O. Box 999
New York, NY 10108