



(PLEASE PRINT IN INK)

PERSONAL INFORMATION

Date of Application _____

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include, but is not limited to, a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives, or friends.

Last Name		First	Middle	Social Security No.		
Present Address		City	State	Zip Code	Home Phone / Other Phone	
Permanent Address		City	State	Zip Code	Email Address	
Any Previous Name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify all other names under which employed			Best Time to Contact You		Date Available for Work	
Position(s) Applied For			What is your desired salary range?		Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Registry/ PRN Would you consider working: Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No On Call <input type="checkbox"/> Yes <input type="checkbox"/> No Any Shift <input type="checkbox"/> Yes <input type="checkbox"/> No Shift Preference: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	
How did you learn about us? <input type="checkbox"/> Ad <input type="checkbox"/> Friend <input type="checkbox"/> Job Line <input type="checkbox"/> Employee Referral (name) _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Walk In <input type="checkbox"/> Other _____						
Do you have relatives or friends employed by this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No						
		<u>Name</u>	<u>Department</u>	<u>Relationship</u>		
		_____	_____	_____		
		_____	_____	_____		
		_____	_____	_____		
Have you ever been employed by this or another Sisters of St. Francis Health Services facility? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Where? _____						
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you a U.S. Citizen or alien legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment.)						
Have you ever been subjected to any sanctions, penalties, or exclusions from any federal healthcare program (i.e., including but not limited to: Medicare, Medicaid, TriCare)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____						
Have you ever been convicted of, or plead guilty to, a crime (excluding misdemeanor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____						
Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____						
<i>If your answer is "yes" to either of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.</i>						
Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying. Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No						

PERSONAL / PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation

(PLEASE PRINT IN INK)

WORK EXPERIENCE

Start with your most recent employment. Include any job-related military service assignments and volunteer activities. (You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.)

Employer (Current)	Dates Employed		Work Performed
	From	To	
Address (City, State, Zip)			
Starting/Present Job Title	Salary		
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number(s)	

Employer	Dates Employed		Work Performed
	From	To	
Address (City, State, Zip)			
Job Title	Salary		
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number(s)	

Employer	Dates Employed		Work Performed
	From	To	
Address (City, State, Zip)			
Job Title	Salary		
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number(s)	

Have you been discharged from any employment or asked to resign?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____	
Comments (Explain any gaps in employment): _____	

MILITARY EXPERIENCE

Were you a member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Dates of Duty	Type of Discharge
Briefly describe duties and any special training: _____			

PROFESSIONAL TRADE, BUSINESS OR CIVIC ACTIVITIES

List professional, trade, business, or civic activities and offices held. (You may exclude membership which would reveal gender, race, national origin, age, ancestry, disability, or other protected status.)

--

(PLEASE PRINT IN INK)

EDUCATION / SKILLS

Formal Education	Name & Address of School (City, State)	Course of Study	Yrs. Completed	Diploma/Degree
High School				
Undergraduate				
College				
Graduate				
Professional				
Other _____				

Specialized Skills (Skills / Equipment / Training)

<input type="checkbox"/> Terminal <input type="checkbox"/> PC/MAC <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Typewriter WPM _____ <input type="checkbox"/> Shorthand WPM _____ <input type="checkbox"/> Word Processing WPM _____	<input type="checkbox"/> Computer Software Programs: _____ _____ _____	<input type="checkbox"/> Languages (other than English) that you read, write, or speak: _____ <input type="checkbox"/> Other information you feel may be helpful to us in considering your application: _____
---	---	--

Professional Licenses / Registrations / Certifications				Have you ever been sanctioned or reprimanded by any state or federal healthcare agency or authority (including, but not limited to, a licensing agency)?
Type	State	Date	Number	
<input type="checkbox"/> Currently Licensed				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eligible for License				
<input type="checkbox"/> Currently Registered				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eligible for Registration				
<input type="checkbox"/> Currently Certified				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eligible for Certification				

Driver's License (If driving is required for the position)		Has your license ever been suspended, revoked, or on probation? If yes, explain.
State	Number	
<input type="checkbox"/> Currently Licensed		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eligible for License		

I certify that the information contained in this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I authorize a thorough investigation of my past employment, education and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and/or entities requesting or supplying information from any damages that may result. I authorize Sisters of St. Francis Health Services, Inc. (SSFHS) to request and receive such information.

I understand that employment with SSFHS is at-will, which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that SSFHS has the same right. I understand that no one may alter the at-will nature of my employment except the President/CEO, or designee, and then only in a written and notarized agreement. I understand that if I am employed, I will conform to the rules and regulations of SSFHS.

I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by SSFHS at any time at the company's sole option and without any prior notice to me.

I understand that an offer of employment is contingent upon satisfactory completion/result of the following: a post-offer medical examination (including lab work and drug screening); a reference, background and criminal history check; integrity and/or skills testing; proof of legal authority to work in the United States under federal immigration laws; and completion of the introductory period.

I acknowledge being advised that this application will remain active for no more than 6 months from the date it was made. Submission of this application neither automatically results in an employment interview nor a job offer. SSFHS is an Equal Opportunity Employer.

Signature of Applicant _____
Date

HR Representative _____
Date