

EMPLOYMENT APPLICATION



ST. MARY'S

Thank you for your interest in employment with St. Mary's Health System. Please provide all information requested to be sure all of your qualifications are fairly considered for current and/or future vacancies on our staff. The completion of this employment application does not automatically result in an employment interview or job offer. It is the policy of all our facilities to provide equal opportunities to all without regard to race, color, sex, religion, national origin, age, physical or mental disability.

(Please Print or Type)

- St. Mary's Medical Center St. Mary's Warrick St. Mary's Warrick EMS St. Mary's Physicians' Health Group (PHG)
 St. Mary's At Home/DME St. Mary's Breast Center Surgicare St. Mary's Physician Network (SPN)

Position Desired: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Message Phone: () _____

Email address: _____

I am available for / willing to accept the following type of employment (check all that apply):
 Full time Part time Casual (On call, as needed) Summer Temporary

I am available for / willing to accept the following shifts (check all that apply):
 Day Evening Night Any Shift Rotating

If any records are in another name, please list: _____

Are you currently employed at any of the following St. Mary's entities?

- St. Mary's Medical Center St. Mary's Warrick St. Mary's Warrick EMS St. Mary's Building Corp
 St. Mary's At Home/DME St. Mary's Breast Center Surgicare St. Mary's Physician Network (SPN)
 St. Mary's Physicians' Health Group (PHG)

I. PERSONAL INFORMATION

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

- Yes No (Proof of eligibility is required upon employment).

Have you been convicted of a felony or any healthcare related criminal offense?

- Yes No If yes, please explain: _____

(Conviction of a crime does not automatically prevent you from being employed; all circumstances will be considered.)

Have you ever applied for employment with St. Mary's Medical Center, St. Mary's Warrick, or any St. Mary's Health System entity within the past 2 years?

- Yes No If yes, approximate date of application: _____ Which entity? _____

Have you previously been employed at St. Mary's Medical Center, St. Mary's Warrick, or any St. Mary's Health System entity?

- Yes No If yes, from: _____ to _____ Title: _____ Records under what name: _____

Do you have any relatives currently employed at St. Mary's Medical Center, St. Mary's Warrick, or any St. Mary's Health System entity?

- Yes No If yes, Name (s): _____ Relationship (s) _____

Employed by which entity? _____

What first led you to apply?

- Walk In Newspaper _____
 HIRE Line Employee: Referral Name: _____
 Previously employed @ St. Mary's Agency: Name: _____
 St. Mary's Website Job Fairs _____
 Radio Ad 14wfile Website _____
 Other _____

II. EDUCATION & TRAINING

School	Name, City, State	Circle Last Year Completed				Degree		Major or Course of Study
						Yes	No	
High School		9	10	11	12			
College		1	2	3	4			
College		1	2	3	4			
Graduate School		1	2	3	4			
Business School		1	2	3	4			
Vocational School		1	2	3	4			

Professional Associations and Achievements (exclude those which indicate race, color, religion, sex, national origin):

Have you served in the U.S. Military Service?

Yes
 No
 If yes, Branch: _____ Date: _____ to _____ Reason for leaving: _____

III. PROFESSIONAL LICENSE/CERTIFICATION DATA (if applicable)

Do you hold a professional registration/certification/license in Indiana? (does not apply to Driver's license)

Yes
 No
 If yes, Type: _____ Expiration: _____ Reg./License Number: _____

Other states where registered: _____

Have you ever had any professional registration, licensure or certification suspended or revoked; ever informally resolved any recommendation or potential adverse (negative) action involving your registration, licensure, or certification or have any actions pending against you? Yes No If Yes, please explain _____

IV. CLERICAL/SPECIAL SKILLS (if applicable)

Typing Yes No Wpm: _____ Word Processing Yes No

Transcription Yes No Wpm: _____ Data Entry Yes No

List computer programs in which you are proficient: _____

V. PROFESSIONAL REFERENCES (Individuals who are familiar with your work background) Do not list relatives or supervisors named on next page.

Name: _____ Position: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: () _____ Email Address: _____ Residence Phone: () _____

Name: _____ Position: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: () _____ Email Address: _____ Residence Phone: () _____

VI. EXPERIENCE

Beginning with your current/most recent employment, please complete the section below in full. **The submittal of a resume does not replace the need to complete this section.**

Company: _____ Job Title: _____ From: _____ to _____
(mo/yr) (mo/yr)
Address: _____ City/State: _____ Zip: _____ Final Salary: _____
Supervisor: _____ Phone Number: () _____ May we contact? _____
Duties: _____ Name under which employed: _____
Reason for leaving: _____ How much notice did you give upon resignation? _____

Company: _____ Job Title: _____ From: _____ to _____
(mo/yr) (mo/yr)
Address: _____ City/State: _____ Zip: _____ Final Salary: _____
Supervisor: _____ Phone Number: () _____ May we contact? _____
Duties: _____ Name under which employed: _____
Reason for leaving: _____ How much notice did you give upon resignation? _____

Company: _____ Job Title: _____ From: _____ to _____
(mo/yr) (mo/yr)
Address: _____ City/State: _____ Zip: _____ Final Salary: _____
Supervisor: _____ Phone Number: () _____ May we contact? _____
Duties: _____ Name under which employed: _____
Reason for leaving: _____ How much notice did you give upon resignation? _____

Company: _____ Job Title: _____ From: _____ to _____
(mo/yr) (mo/yr)
Address: _____ City/State: _____ Zip: _____ Final Salary: _____
Supervisor: _____ Phone Number: () _____ May we contact? _____
Duties: _____ Name under which employed: _____
Reason for leaving: _____ How much notice did you give upon resignation? _____

NOTE: If you have additional work experience, please provide the information on a separate sheet of paper, as all work experience is needed. The submittal of a resumé does not replace the need to complete this section.

To the best of your knowledge, has any action been taken against you that excludes or has excluded you from participation in any federal government health care program, including Medicare? Yes No _____

Have you ever been named as a defendant in any civil legal action involving your professional competency or credibility? Yes No _____

If yes on either question above, please explain _____

VII. APPLICANT CERTIFICATION AND AGREEMENT

I certify that the information provided in the attached application is true and complete. I authorize an investigation of all statements contained in my application for employment and understand that any false or misleading statements or material omissions, whether intentional or unintentional, are cause for refusal to hire or separation of employment, if employed.

I hereby authorize former and present employers, except as I have otherwise indicated in writing, as well as physicians, medical personnel, references, schools, and others to provide or verify any information they have regarding me or my employment with them to an official representative of potential employer, and release them from any liability arising from the furnishing of any employment history or medical information to potential employer, at either party's option and will.

I authorize potential employer to make such investigations and inquiries of my educational, criminal record, and related matters as may be necessary in arriving at its employment decision.

I further agree and understand that except as governed by existing federal, state or local law where applicable, my employment or offer of employment establishes no guarantee or promise of continued employment or set hours of work or any other obligation on the part of potential employer beyond pay for actual work performed at the agreed upon rate and that the employment relationship may be terminated at any time, by myself or potential employer, at either parties' option and will.

If employed, I understand that my work schedule and assigned hours may change due to the needs of potential employer and agree to accept such changes as a condition of employment with these facilities.

I consent to physical and medical examinations as requested by potential employer.

I agree to familiarize myself with potential employer's policies and understand that policies may be established/amended as is necessary. I agree to protect the confidence and privacy or any and all information which pertains to the conduct of business. I understand that only the President or Administrator of potential employer may amend this agreement and that such amendment must be in writing and signed by the parties.

Print your name

Social Security #

Date

Your Signature

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Position _____ Department _____ EEO Origin _____

CC # _____ Emp # _____ Birth Date _____

Accepted Date _____ Start Date _____ Physical OccuMed Emp. Health

40 8/80
 8 hr. 10 hr. 12 hr. Other

Full time (1.0-.8 FTE) Part time (.7-.2 FTE) Casual (.1 FTE) PRN (.0 FTE) Shift _____

Hourly Rate _____ Differential _____ Pay Grade _____

Employed by more than one entity St. Mary's Entity Transfer

Replaces _____ Status: Exempt Non Exempt Temporary Rehire AH Transfer PTO II

Supervisor _____ General Orientation _____

Job Code # _____ PR# _____ One-on-One Orientation _____

Graduating Student Paid Moving Expenses Recruiter _____ Closed in Ivantage

Date Position Posted: _____ Original A H Hire Date _____

Competency Date: _____

Comments: _____
