

# St Mary's CARE CENTER



A MEMBER OF SSM HEALTH CARE

APPLICATION FOR EMPLOYMENT

POSITION DESIRED	PREFERENCE: MARK ALL BOXES APPLICABLE.	TODAY'S DATE
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PRN (as needed) <input type="checkbox"/> DAY	<input type="checkbox"/> ROTATION (day/evening/ night) <input type="checkbox"/> EVENING

NAME	SOCIAL SECURITY NUMBER
LAST FIRST M.I.	HOME PHONE NUMBER AREA CODE
ADDRESS	CONTACT PHONE NUMBER AREA CODE
CITY, STATE, ZIP	

IF UNDER 18 PLEASE LIST DATE OF BIRTH.

HAVE YOU PREVIOUSLY BEEN EMPLOYED AT ANY OTHER SSM HEALTH CARE SYSTEM FACILITY?

YES \_\_\_ NO \_\_\_

IF YES, AT WHAT FACILITY, AND WHEN?

FROM: \_\_\_ MO. YR. TO: \_\_\_ MO. YR.

HAVE YOU BEEN EMPLOYED UNDER ANY NAME OTHER THAN THE ONE YOU ARE CURRENTLY USING?

YES \_\_\_ NO \_\_\_

IF YES, PLEASE LIST.

HOW DID YOU LEARN ABOUT THIS EMPLOYMENT OPPORTUNITY?

DO YOU HAVE A LEGAL RIGHT TO WORK AND REMAIN IN THE UNITED STATES?

YES \_\_\_ NO \_\_\_

(EMPLOYMENT ELIGIBILITY VERIFICATION IS REQUIRED AFTER EMPLOYMENT.)

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS?

YES \_\_\_ NO \_\_\_

IF YES, PLEASE DESCRIBE AND INDICATE DATE(S).

(A CONVICTION RECORD MAY NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT CONSIDERATION. EACH

U.S. MILITARY SERVICE RECORD

HAVE YOU EVER BEEN A MEMBER OF THE U.S. MILITARY SERVICE? YES \_\_\_ NO \_\_\_

IF YES, BRANCH	DATE ENTERED	DATE DISCHARGED	RANK AT DISCHARGE
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SPECIAL SKILLS TRAINING OR EXPERIENCE ACQUIRED IN THE MILITARY.

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DATES		COURSE OF STUDY	GRADUATE YES NO	DEGREE	DATE
			FROM	TO				
GRADE SCHOOL								
HIGH SCHOOL								
COLLEGE			Mo. Yr.	Mo. Yr.				
			Mo. Yr.	Mo. Yr.				
GRADUATE SCHOOL			Mo. Yr.	Mo. Yr.				
BUSINESS, TRADE, VOCATIONAL SCHOOL			Mo. Yr.	Mo. Yr.				

HONORS AND ACTIVITIES LIST HONORS, ACTIVITIES, VOLUNTEER EXPERIENCES, ETC. (YOU NEED NOT INCLUDE INFORMATION WHICH MAY INDICATE RACE, RELIGION, NATIONAL ORIGIN, SEX, AGE OR HANDICAP.)

REGISTRATION INDICATE LICENSURE OR CERTIFICATION FOR ANY PROFESSION, SKILL OR TRADE.

OCCUPATION \_\_\_\_\_ LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

IF YOU HAVE APPLIED FOR STATE REGISTRATION, PLEASE INDICATE DATE OF APPLICATION \_\_\_\_\_.

SKILLS CHECK OR COMPLETE THE SKILLS YOU POSSESS

TYPING/WPM \_\_\_\_\_ DATA ENTRY/CPM \_\_\_\_\_ MEDICAL TERMINOLOGY \_\_\_\_\_

MACHINE TRANSCRIPTION \_\_\_\_\_ WORD PROCESSING \_\_\_\_\_

LIST ADDITIONAL QUALIFICATIONS AND SKILLS PERTINENT TO YOUR APPLICATION.

**EMPLOYMENT HISTORY**

LIST YOUR WORK EXPERIENCE FOR THE PAST TEN (10) YEARS BEGINNING WITH YOUR MOST RECENT POSITION.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES \_\_\_ NO \_\_\_

Firm Name	Job Title	Job Duties:
Street Address	From: To: Mo. Yr. Mo. Yr.	
City & State	Zip Code	
Supervisor	Final Salary \$ _____ PER ____ TELEPHONE	Reason for leaving
Firm Name	Job Title	Job Duties:
Street Address	From: To: Mo. Yr. Mo. Yr.	
City & State	Zip Code	
Supervisor	Final Salary \$ _____ PER ____ TELEPHONE	Reason for leaving
Firm Name	Job Title	Job Duties:
Street Address	From: To: Mo. Yr. Mo. Yr.	
City & State	Zip Code	
Supervisor	Final Salary \$ _____ PER ____ TELEPHONE	Reason for leaving
Firm Name	Job Title	Job Duties:
Street Address	From: To: Mo. Yr. Mo. Yr.	
City & State	Zip Code	
Supervisor	Final Salary \$ _____ PER ____ TELEPHONE	Reason for leaving

**REFERENCES**

LIST THREE INDIVIDUALS WHO ARE NOT FORMER SUPERVISORS OR RELATIVES.

NAME	ADDRESS	CITY, STATE, ZIP	PHONE	NATURE OF RELATIONSHIP	YEARS KNOWN

I certify that all information in this application is accurate and complete and understand that either misrepresentation or omission of facts, or both, may result in removal from consideration for employment or dismissal after employment. I authorize the administration of this employer to investigate, without liability, all statements contained in this application and hereby release any one or more of persons, corporations, or other organizations from any and all liability for providing information about any one or more of me, my past employment, or my character to the employer. I also authorize former employers and references, without liability, to make full response to any inquiries by the employer in connection with this application for employment. If the employer hires me and employs me, then I release the employer and its agents from any liability for providing any information about me to any person or organizations seeking an employment reference about my employment with this employer.

I understand that any offer of employment is contingent upon obtaining satisfactory responses to reference and background inquiries and that I must successfully complete a post offer drug screening. I verify that within the past six months I have not failed a drug screening performed for employment for SSM Health Care. I also understand that, if employed, I may be required to submit to blood, urine, or other specimens for drug and alcohol screening upon demand. I consent to my submission to such tests as a condition of continued employment. Refusal to consent may result in disciplinary action including termination.

I understand that this employment application is not a contract between myself and SSM Health Care, nor is it an agreement to provide any benefits. If hired, I understand that my employment and compensation may be terminated with or without cause and with or without notice at any time at the option of either myself or the organization. The organization reserves the right to alter, amend, modify, change, or terminate any of the policies, practices, or benefits described in this application.

I understand that SSM Health Care entities are tobacco free and have policies and procedures governing such and agree to abide by those policies if I am employed by SSM Health Care.

SSM Health Care is an equal opportunity and does not discriminate in any aspect of employment on the basis or race, color, religion, sex, national origin, age, disability, or any other legally protected status in accordance with the requirements of local, state, and federal law. I hereby acknowledge that I have read, understand, and agree with the above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Interviewer's Notes**

**For Personnel Use Only**

Employment Date \_\_\_\_\_ Department \_\_\_\_\_

Position/Code \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Salary/Grade \_\_\_\_\_ Regular \_\_\_\_\_ Temporary \_\_\_\_\_ PRN \_\_\_\_\_

Shift \_\_\_\_\_ Date Physical Completed \_\_\_\_\_

Other \_\_\_\_\_