



It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state, and local statutes, regulations and ordinances.

Form sections: Date, Applicant Name, Present Address, Previous Address, Current OPEN position, Salary requirement, Are you willing to travel?, Are you willing to relocate?, Can you, with or without reasonable accommodations, perform the essential functions of the job?, If overtime work is required periodically, does this pose a problem for you?, Date available for work, Are you legally authorized to work in the U.S., Have you ever worked at this facility or in a facility associated with us?, If yes, what facility?, Are you related to another facility employee?, How did you learn about this position?, Are you currently excluded, suspended, debarred or otherwise ineligible to participate in Federal health care programs, or have you been convicted of a criminal offense related to the provision of health care items or services but not yet been excluded, debarred or otherwise declared ineligible?, Have you ever been convicted of a crime, other than a minor traffic violation?, If yes, list date, offense and disposition of each such conviction.

Table with 4 columns: Type of School, Name of School (City, State), Check Last Year Attended in School, Degree or Certificate. Rows include High School/GED, College, Graduate School, and Other.

Form sections: List any professional licenses, registration or certification you possess (include Drivers License, if applicable), Clerical or other skills applicable to the position for which you are applying (Typing, Proficient in Software, Business machines and/or equipment you can operate, Other).

Application for Employment

AR-A794D Rev. 5/06

Employment History Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.

Current or Most Recent	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed	
	Job Title			Other reference with this employer		Reason for leaving
	Nature of Duties					
1st Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address	Name while employed		
	Job Title			Reason for leaving		
	Nature of Duties					
2nd Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address	Name while employed		
	Job Title			Reason for leaving		
	Nature of Duties					
3rd Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address	Name while employed		
	Job Title			Reason for leaving		
	Nature of Duties					

Professional References (Other than Relatives) Give two references who have good knowledge of your work.

Name	Position	Address (Include City/State)	Phone - Work/Home	Number of Years Known
1.				
2.				

Please Review and Sign Where Indicated.

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

- I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of facility policies.
- I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.
- Compliance with this facility's Substance Abuse Policy is a condition of employment. This facility requires that every new employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with facility policy. Continued employment is also contingent upon compliance with the facility's Substance Abuse Policy.

- I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal health care program, or receive a government contract.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that the facility may terminate the employment relationship for cause. Cause is defined as a reason for disciplinary action that is not arbitrary, capricious, or illegal, that is based on facts that the employer reasonably believes to be true. Some examples of cause include, but are not limited to, (1) dissatisfaction with an employee for such reasons as lack of capacity or diligence, failure to conform to usual standards of conduct, or other culpable or inappropriate behavior, or (2) economic needs subject to the reasonable judgment of the employer.

Release:
I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I have read and understand these conditions of employment. Applicant Signature _____ Date Prepared _____

Office Use Only

<input type="checkbox"/> Referred to Department _____	<input type="checkbox"/> Not Qualified for Opening
<input type="checkbox"/> Recommended Employment _____	<input type="checkbox"/> References Checked
Date _____	By _____

**Saint Catherine Regional Hospital
Voluntary Invitation for Self Identification**

In accordance with Executive Order 11246, the Rehabilitation Act of 1973, 29 U.S.C. ss 701, et seq., and the Vietnam Era Veterans Readjustment Assistance Act of 1974, 38 U.S.C. as 2021, et seq., and the regulations interpreting those laws, 41 CFR 60-250, respectively, and the Enforcement Guidance issued by the Equal Employment Commission (EEOC) on May 19, 1994, Number 915.002, any employee may self identify himself/herself as a minority, if he/she has a physical handicap, or if the individual is a disabled veteran or veteran of the Vietnam era. The purpose of requesting this information is to enable the Company to comply with it's obligations under the foregoing laws and regulations to take affirmative action with respect to the hiring and equal employment opportunities of minorities, disabled individuals and Vietnam era veterans. This information is strictly voluntary and will have no impact whatsoever on an applicant's opportunities for employment or an employee's terms or conditions of employment. The requested information will be kept confidential in accordance with the requirements of the American with Disabilities Act (ADA), 29 U.S.C. ss 706, et seq., and all other applicable laws and regulations, and will be used in accordance with the ADA and all other laws and regulations.

1. Indicate your sex: Male _____ Female _____

2. Are you Hispanic or Latino? Yes _____ No _____

3. If your answer to question 2 was "no," please identify your race:
White _____ Asian _____
Black or African American _____ American Indian or Alaskan Native _____
Native Hawaiian or Pacific Islander _____ Two or more races _____

4. Do you qualify as a "handicapped" person or "disabled" person within the meaning of the Rehabilitation Act of 1973 or the Americans with Disabilities Act and/or the regulations interpreting those laws?
Yes _____ No _____

5. Do you qualify as a "disabled veteran" within the meaning of the Vietnam Era Veterans' Readjustment Assistance Act of 1974 and/or the regulations interpreting that law?
Yes _____ No _____

6. Do you qualify as a Vietnam-era Veteran (served in active duty for at least 180 days and honorably discharged between February 28, 1961 to May 7, 1975)?
Yes _____ No _____

7. Do you qualify as a Newly Separated Veteran meaning any veteran who served on active duty in the US military, ground, naval or air service during the one-year period beginning in the date of such veteran's discharge or release from active duty?
Yes _____ No _____

8. Do you qualify as a Other Protected Veteran meaning veterans who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized?
Yes _____ No _____

Print Name: _____
Date: _____

Signature: _____

