

Application For Employment



The four core values of the St. Joseph Health System are the guiding principles that enable us to achieve our Mission. Each of us is committed to these values and work to make them present in our relationships with each other and with those we are privileged to serve. Our values continue a tradition of excellence.

Dignity We respect each person as an inherently valuable member of the human community and as a unique expression of life.	Excellence We foster personal and professional development, accountability, innovation, teamwork, and commitment to quality.
Service We bring together people who recognize that every interaction is a unique opportunity to serve one another, the community, and society.	Justice We advocate for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons.

Applicant Information		
Name (Last, First, Middle)		Date
Other Names Used in Past Employment (For Reference Purposes)		Social Security Number
Street Address	Email	Home Phone ()
City, State, Zip		Business/Message Phone ()
Position Desired		E-Mail Address

Have you ever applied with a St. Joseph Health System Facility, including this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where?	When?

Previously employed by a St. Joseph Health System Facility, including this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
From	To	Facility Name	Department	Position

Do you have any relatives employed by a St. Joseph Health System Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Facility	Department	Position
How did you hear about us?		

Policy on Non Discrimination: We will not engage in discrimination practices against any person employed or seeking employment on the basis of any protected characteristic, including but not limited to, actual or perceived race, color, religion, marital status, national origin, ancestry, physical or mental disability, genetic characteristic, gender, sexual orientation, age, or veterans status.

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Education					
Name of High School	Address	Major	Grade Completed Select a Grade		
Name of College	Address	Major	Years Completed Select Total Years	Degree	Date Received
Name of College	Address	Major	Years Completed Select Total Years	Degree	Date Received
Name of College	Address	Major	Years Completed Select Total Years	Degree	Date Received
Technical or Professional School	Address	Major	Years Completed Select Total Years	Degree	Date Received
Technical or Professional School	Address	Major	Years Completed Select Total Years	Degree	Date Received

Licenses and Certificates	License Number	State	Expiration Date

Professional Affiliations

Job Related Skills		
<input type="checkbox"/> Keyboard _____wpm	<input type="checkbox"/> Touch Method (10 Key add)	<input type="checkbox"/> Computer Software _____
<input type="checkbox"/> Shorthand/Speed Writing	<input type="checkbox"/> Dictaphone	_____
<input type="checkbox"/> ICD-9, CST Coding	<input type="checkbox"/> Medical Terminology	_____

Other Job Related Skills (Language, Clinical, Technical, or Special Training)
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Our Regular Full-Time Work Schedule is a 2-Week 80-Hour Pay Period.		
What Type of Schedule Can You Work?	Please Indicate Shifts You Can Work	
<input type="checkbox"/> Regular Full-Time (72-80 hour pay period)	<input type="checkbox"/> Per Diem	<input type="checkbox"/> Days <input type="checkbox"/> Weekends
<input type="checkbox"/> Regular Part-Time (48-79 hours)	<input type="checkbox"/> Temporary	<input type="checkbox"/> PM <input type="checkbox"/> Other/Varied
<input type="checkbox"/> Part-Time (less than 40 hours)	<input type="checkbox"/> On-Call	<input type="checkbox"/> Nights

Do you have any restrictions on the days of the week or hours you can work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain		

Note: Although you may be employed for a particular position and shift, it may be necessary for you to accept different assignments, work schedules, or working hours. We hope to minimize any inconvenience to employees, but recognize that our main goal is to provide high quality services to all patients/customers at all times.

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Employment Record			
Instructions: List present or most recent employer first. Include all employment, registry, temporary, military or volunteer service, including positions which may not relate to the job for which you are applying.			
From (Mo./Yr)	To (Mo./Yr)	Title	Duties
Salary Start	Salary Final	Company	Telephone ()
Status		Street Address, City, State, Zip	
Shift		Reason for Leaving	
Supervisor's Name		Supervisor's Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

From (Mo./Yr)	To (Mo./Yr)	Title	Duties
Salary Start	Salary Final	Company	Telephone ()
Status		Street Address, City, State, Zip	
Shift		Reason for Leaving	
Supervisor's Name		Supervisor's Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

From (Mo./Yr)	To (Mo./Yr)	Title	Duties
Salary Start	Salary Final	Company	Telephone ()
Status		Street Address, City, State, Zip	
Shift		Reason for Leaving	
Supervisor's Name		Supervisor's Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

From (Mo./Yr)	To (Mo./Yr)	Title	Duties
Salary Start	Salary Final	Company	Telephone ()
Status		Street Address, City, State, Zip	
Shift		Reason for Leaving	
Supervisor's Name		Supervisor's Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Resume
Instructions: Paste your resume in the box below

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Additional Information		
Can you, after employment, submit verification of your legal right to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, Explain		

Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been convicted of a crime? (Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.) <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly describe the nature of the crime(s), the date and place of conviction(s), and the legal disposition of the case(s):

Have you ever been sanctioned by an enforcement agency for health care fraud or violation of health care regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Have you been excluded from providing services or otherwise limited in participating in any Federal health care program including Medicare, and state medical program including Medi-cal, and TRICARE/CHAMPUS? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Note: The facility will not deny employment to any applicant solely because the person has been convicted of a crime or sanctioned by an enforcement case. Each case will be evaluated based on its own facts and merits. The facility reserves the right to refuse to hire any applicant who has been excluded or limited in participating in any of the above programs and to terminate immediately any employee who is, or becomes, so excluded or limited.

Please Read and Initial Each of the Following Statements:	
I certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the St. Joseph Health System facility with which I am applying unless I have indicated otherwise. I authorize the references listed above to provide to the St. Joseph Health System facility with which I am applying any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information as well as from the use or disclosure of such information by the St. Joseph Health System facility or any of its agents, employees, affiliated entities or representatives. I understand that any misrepresentations, falsification, or material omission of information on this application may result in my failure to receive an offer, the revocation of a conditional offer, or, if I am hired, my dismissal from employment.	Initial _____
I also understand that offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the U.S. Offers of employment are also conditioned on receipt of satisfactory responses to reference requests, background checks and the satisfactory completion of a post-offer medical evaluation including a drug test.	Initial _____
In consideration of my employment, I agree to conform to the facility's rules and standards and agree that my employment can be terminated at-will, with or without cause, and with or without notice at any time, either at my option or at the option of the facility. I understand that no employee or representative of the facility other than its CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the policy of at-will employment. I further understand that any such agreement is null or void, unless it is in writing, signed by me and the CEO, and clearly specifies our intent to modify the at-will nature of my employment. I acknowledge and agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship, that there are no oral or collateral agreements regarding this issue, and that this provision supersedes all existing policies and practices to the contrary.	Initial _____

Signature _____ Date: _____