



EMPLOYMENT APPLICATION

Please indicate the facility in which you are interested:

<input type="checkbox"/> Spfld Regional Medical Ctr	<input type="checkbox"/> St. John's Center
<input type="checkbox"/> Regional Office	<input type="checkbox"/> McAuley Center
<input type="checkbox"/> Mercy Memorial Hospital	<input type="checkbox"/> Oakwood Village
<input type="checkbox"/> Home Care/Hospice	<input type="checkbox"/> Siena Woods Retirement

CMHP's Core Values guide all associates in their work and serve as a foundation for our commitment to quality. Each associate is expected to support our mission and values: *Compassion, Excellence, Human Dignity, Justice, Sacredness of Life, Service*

PLEASE PRINT OR TYPE

PERSONAL INFORMATION							
Last Name		First Name		Middle Initial			
Current Address			City		State		ZIP
Previous Address			City		State		ZIP
Home Phone		Email Address		Social Security #			
Position(s) Desired				Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there additional information relative to a name change, use of an assumed name or nickname necessary to enable a check on your work/school records?				<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, please explain			
Applying for:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Network Pool <input type="checkbox"/> Temporary			Shift Preferred		<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Where did you learn about CMHP?		<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Referral _____ <input type="checkbox"/> Other _____					
Have you ever worked at any of our facilities before? (see above)				<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where?		
Do you have any relatives currently working for us?				<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who and where?		
Have you ever been discharged from a place of employment?				<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please explain.		
Have you ever been convicted of anything other than a minor traffic violation?				<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please explain.		
EDUCATION							
Are you a high school graduate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	High School				
Number of years of college/university:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		College(s) Attended			
Degree(s) Earned		Graduate Work (hours/degree completed)					
Professional organizations, special interests, hobbies*							
REGISTRATION/LICENSURE/CERTIFICATIONS							
Type		No.		Issuing State		Date Expires	
Type		No.		Issuing State		Date Expires	
SKILLS (Please check all that apply)							
<input type="checkbox"/> Typing WPM _____		<input type="checkbox"/> Medical Terminology		<input type="checkbox"/> CRT Operation		<input type="checkbox"/> Maintenance	
<input type="checkbox"/> Shorthand WPM _____		<input type="checkbox"/> Word Processing		<input type="checkbox"/> Housekeeping		<input type="checkbox"/> Food Service	
<input type="checkbox"/> Switchboard		<input type="checkbox"/> Medical Transcription		<input type="checkbox"/> Customer Service		<input type="checkbox"/> Insurance/Billing	
Other							
NURSING SKILLS (Please check all that apply)							
<input type="checkbox"/> Medical	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> PACU	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Gerontology	<input type="checkbox"/> Rehab	<input type="checkbox"/> Skilled Nursing	
<input type="checkbox"/> Surgical	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> ICU	<input type="checkbox"/> Neurology	<input type="checkbox"/> ER/Trauma	<input type="checkbox"/> Oncology	<input type="checkbox"/> Operating Room	
<input type="checkbox"/> CCU	<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> Education	<input type="checkbox"/> Supervision	<input type="checkbox"/> Other			
MILITARY HISTORY							
Military Service Branch				Rank Attained			
Military Education/Training Experience							

WORK HISTORY

Present or Last Employer				May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position (s) Held		Dates of Service		From ___/___/___		To ___/___/___	
Address		City		State/ZIP			
Phone		Final Salary per Hour		Reason for Leaving			
Duties				Supervisor(s)			
Past Employer				May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position (s) Held		Dates of Service		From ___/___/___		To ___/___/___	
Address		City		State/ZIP			
Phone		Final Salary per Hour		Reason for Leaving			
Duties				Supervisor(s)			
Past Employer				May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position (s) Held		Dates of Service		From ___/___/___		To ___/___/___	
Address		City		State/ZIP			
Phone		Final Salary per Hour		Reason for Leaving			
Duties				Supervisor(s)			

PERSONAL REFERENCES (Please do not list relatives or former employers)

Name		Relationship			
Address		City/State/ZIP			
Company		Occupation		Phone	
Name		Relationship			
Address		City/State/ZIP			
Company		Occupation		Phone	

*You may omit those that indicate your race, religious creed, color, national origin, ancestry, sex or age. You may list what offices you have held for the above list.

CERTIFICATION & AGREEMENT

I certify that the answers given by me to the foregoing questions and statements are true and correct without omissions of any kind whatsoever. I agree that Community Mercy Health Partners (CMHP) and its facilities shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers, or omissions made by me in this questionnaire.

I understand that the shift, department days, pay rates and the nature of my employment may be subject to change due to the needs of CMHP.

I authorize the companies, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide CMHP with any relevant information regarding an employment decision. I agree that all questions asked and information released in good faith shall be privileged, and I expressly release CMHP and its facilities, such as employers, such other persons, and any of their authorized representatives from any and all liability arising from questions asked, information released or statements made.

I understand that my employment is at the will of the employer and is not being made for a definite period of time and that all terms and conditions of employment are subject to change without notice. I understand that no manager or representative has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to this.

I understand that my employment is contingent on favorable references, verification of information provided, passing an employment health examination that demonstrates that I have the capability to perform the job requirements of the position I am applying for, providing verification of U.S. citizenship or other proof of work authorization document and passing a blood and urine test to determine whether drugs are being used.

CMHP is an equal opportunity employer and complies with all Federal and State Equal Opportunity laws. Applicants are considered for all positions without regard to race, color, religion, sex, marital or veteran status, national origin, age, ancestry, or status as a qualified individual with a disability. CMHP is a smoke-free environment. Copies of this release statement will also serve as valid authorization.

Signature	Date
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To Be Completed by Hiring Manager

Accepted for Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Department		Position	
Start Date		Rate of Pay	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Shift
Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> On Call <input type="checkbox"/> Temporary <input type="checkbox"/> Night Owl <input type="checkbox"/> Sunrise <input type="checkbox"/> TAP Student				
Manager Signature					Date



APPLICATION FORM CORE VALUES

CMHP's Core Values guide all associates in their work and serve as a foundation for our commitment to quality. Each associate is expected to support our mission and values:

Compassion, Excellence, Human Dignity, Justice, Sacredness of Life, Service

Answering these questions is a condition of being considered for the interviewing and selection process.

Name	
Position Seeking	
QUESTIONS	
COMPASSION: Describe a time when you felt great compassion? What did you think, feel and do?	
EXCELLENCE: What achievements are you most proud of? What things did you change about your last job to make it better?	
HUMAN DIGNITY: Who caused you the most problems in your job and how did you handle it? Have you ever had to make an unpopular decision? What happened?	

JUSTICE: Describe a time when you know you did something wrong. How did you handle it? Describe a situation where something was unethical or unfair. How did you handle it?

SACREDNESS OF LIFE: What frustrates you most about dealing with children? The elderly? People of other nationalities? Unclean people? People who smell badly? People of other faiths?

SERVICE: Describe a time when someone, (perhaps a customer) was really angry and took it out on you. What did you say and do?

I understand that CMHP believes these core values are so important to the health, well being and outcomes of our patients and residents. I commit to adhere and abide by these values. I am willing to be held accountable at all times.

Signature _____ **Date** _____