



St. Margaret's Health

SMP Health System

EMPLOYMENT APPLICATION

OUR MISSION

St. Margaret's Health, in union with the Sisters of Mary of the Presentation, is committed to the values of Catholic health care in caring for the needs of our patients and their families, the community and one another.

Through our belief in God and our respect for life, we provide holistic quality health care with dignity and compassion.

OUR VALUES

We carry forth this healing ministry of Jesus, inspired by the values of:

Caring – *Ministering to the whole person with sensitivity, compassion and concern.*

Commitment/Dedication – *Being faithful to the healing mission of Jesus.*

Dignity and Respect – *Recognizing that everyone is of value and worthy of high regard.*

Quality – *Insuring the higher standards of excellence and professionalism.*

600 East First Street • Spring Valley, IL 61362-1599

Ph: 815.664.5311 or 223.5346 • Fax: 815.664.1608

jobs@aboutsmh.org • www.aboutsmh.org

An Equal Employment Opportunity Employer.
We comply with all applicable local, state and federal civil rights and equal employment laws and regulations.

NAME / Last, First, Middle

POSITION

DATE

(Please Print In Ink)

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

LAST NAME	FIRST	MIDDLE	HOME TELEPHONE NO.
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
ANY PREVIOUS NAME(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME.			BEST TIME TO CONTACT YOU:
POSITION APPLIED FOR:			DATE AVAILABLE FOR WORK:
SALARY DESIRED:			CHECK ALL YOU WOULD CONSIDER WORKING:
HOW DID YOU LEARN ABOUT THIS POSITION? (NEWSPAPER, INTERNET, FRIEND, OF OTHER - PLEASE LIST)			FULL TIME / REGULAR <input type="checkbox"/>
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>			FULL TIME / TEMPORARY <input type="checkbox"/>
NAME: DEPT: RELATIONSHIP:			PART TIME / REGULAR <input type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?			PART TIME / TEMPORARY <input type="checkbox"/>
ARE YOU 18 YRS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>			WOULD YOU CONSIDER WORKING:
ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:			ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH STATE(S), AND EXPLAIN:			ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN SANCTIONED, CITED, REPORTED, OR EXCLUDED FROM PARTICIPATION IN MEDICARE, MEDICAID, OR ANY OTHER HEALTHCARE RELATED LAW OR REGULATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:			ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>
If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.			SHIFT AVAILABILITY (check all that apply):
			DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/>

PERSONAL

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH			1	2	3	4	<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	
OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)								
AREA(S) OF SPECIALIZATION OR MAJOR INTEREST:			LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE:					
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:						WORD PROCESSING: (Approx. WPM)		

EDUCATION / SKILLS

PROFESSIONAL LICENSES <input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> CURRENTLY REGISTERED TYPE: NO: STATE: DATE:	<input type="checkbox"/> ELIGIBLE FOR LICENSE <input type="checkbox"/> ELIGIBLE FOR REGISTRATION LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN: STATE: DATE:	PROFESSIONAL CERTIFICATIONS <input type="checkbox"/> CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION TYPE: STATE: DATE:
<input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> CURRENTLY REGISTERED TYPE: NO: STATE: DATE:	<input type="checkbox"/> ELIGIBLE FOR LICENSE <input type="checkbox"/> ELIGIBLE FOR REGISTRATION LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN: STATE: DATE:	<input type="checkbox"/> CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION TYPE: STATE: DATE:

Briefly describe duties and skills acquired through military or volunteer service: (include dates)

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER:

JOB TITLE: _____	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:
EMPLOYER NAME: _____	PHONE: _____	ADDRESS: _____	
DUTIES: _____			
REASON FOR LEAVING: _____			
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			

JOB TITLE: _____	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:
EMPLOYER NAME: _____	PHONE: _____	ADDRESS: _____	
DUTIES: _____			
REASON FOR LEAVING: _____			

JOB TITLE: _____	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:
EMPLOYER NAME: _____	PHONE: _____	ADDRESS: _____	
DUTIES: _____			
REASON FOR LEAVING: _____			

JOB TITLE: _____	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:
EMPLOYER NAME: _____	PHONE: _____	ADDRESS: _____	
DUTIES: _____			
REASON FOR LEAVING: _____			

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

PREVIOUS EXPERIENCE

LANGUAGE

LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED							
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

REFERENCES

LIST AT LEAST THREE (3) PROFESSIONAL / WORK / SCHOOL REFERENCES WHO ARE NOT RELATIVES OR PERSONAL ACQUAINTANCES:

NAME: _____	RELATIONSHIP: _____	TITLE: _____
COMPANY NAME: _____	ADDRESS: _____	
TELEPHONE: _____	EMAIL: _____	
NAME: _____	RELATIONSHIP: _____	TITLE: _____
COMPANY NAME: _____	ADDRESS: _____	
TELEPHONE: _____	EMAIL: _____	
NAME: _____	RELATIONSHIP: _____	TITLE: _____
COMPANY NAME: _____	ADDRESS: _____	
TELEPHONE: _____	EMAIL: _____	
NAME: _____	RELATIONSHIP: _____	TITLE: _____
COMPANY NAME: _____	ADDRESS: _____	
TELEPHONE: _____	EMAIL: _____	

SIGNATURE

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of my employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date _____ Signature _____

FOR OFFICE USE ONLY

TO BE COMPLETED BY DEPARTMENT MANAGER

HIRED? YES NO JOB POSTING # _____

FULL TIME ON CALL STATUS

PART TIME REGULAR STATUS TEMPORARY STATUS

STARTING DATE _____ SHIFT _____

DEPARTMENT MANAGER SIGNATURE _____

TO BE COMPLETED BY HUMAN RESOURCES

IF APPLICANT IS 18 YRS. OLD OR YOUNGER, IS PROOF OF AGE ON FILE? YES NO EXEMPT NON-EXEMPT

DEPARTMENT	COST CENTER
POSITION	JOB SITE
EMPLOYEE NUMBER	STARTING SALARY
HR DIRECTOR SIGNATURE _____	

NOTIFY IN CASE OF EMERGENCY

NAME	RELATIONSHIP	ADDRESS	TELEPHONE