



SMP Health

St. Raphael

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY IN INK

POSITION APPLYING FOR: _____ DATE OF APPLICATION: _____
IF NO POSITION IS LISTED, THE APPLICATION MAY NOT BE CONSIDERED FOR EMPLOYMENT

PERSONAL

LAST NAME		FIRST NAME			MID. INT.
HOME ADDRESS				APT. #	ZIP CODE
(AREA CODE) TELEPHONE NUMBER	E-MAIL ADDRESS	ARE YOU LEGALLY QUALIFIED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS YOUR AGE: UNDER 18 <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU ABLE TO PERFORM ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT A REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please review job description before answering this question)					
DATE AVAILABLE	STARTING SALARY NEEDED	WILL YOU ACCEPT ANOTHER POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY			
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLYING FOR: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PRN			
HAVE YOU BEEN CONVICTED OF A CRIME INVOLVING MISTREATMENT, NEGLIGENCE, ABUSE, ASSAULT, HOMICIDE, SEX OFFENSES, DOMESTIC VIOLENCE, THEFT, FRAUD, MISAPPROPRIATION OF ANOTHER PERSON'S PROPERTY, CONSPIRACY, WEAPONS, DRUGS, ADULTERATION OF FOOD, OR ANY OTHER CRIME AGAINST PERSON OR PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE(S), OFFENSE(S) AND DISPOSITION:					
HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATION IN ANY FEDERAL OR STATE MEDICARE, MEDICAID OR ANY OTHER THIRD PARTY PAYOR PROGRAM OR HAVE SUCH PENDING ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, A LETTER SHOWING REINSTATEMENT IS REQUIRED FOR FURTHER CONSIDERATION FOR EMPLOYMENT.					

EMPLOYMENT HISTORY

LIST MOST RECENT POSITION FIRST				LIST OTHER NAMES USED WHILE EMPLOYED WITH THESE EMPLOYERS		
FROM	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE NO.	
MO. YR.						
TO	ADDRESS: STREET	CITY	STATE	ZIP CODE	POSITION HELD	ENDING SALARY
MO. YR.						_____ per _____
Briefly describe the work you performed:						
Reason for leaving:					MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	
FROM	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE NO.	
MO. YR.						
TO	ADDRESS: STREET	CITY	STATE	ZIP CODE	POSITION HELD	ENDING SALARY
MO. YR.						_____ per _____
Briefly describe the work you performed:						
Reason for leaving:					MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	
FROM	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE NO.	
MO. YR.						
TO	ADDRESS: STREET	CITY	STATE	ZIP CODE	POSITION HELD	ENDING SALARY
MO. YR.						_____ per _____
Briefly describe the work you performed:						
Reason for leaving:					MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	

AN EQUAL OPPORTUNITY EMPLOYER

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW. PLEASE DIRECT ANY REQUEST FOR REASONABLE ACCOMMODATIONS NEEDED DURING THE APPLICATION PROCESS TO ADMINISTRATOR.

EDUCATION

SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	COURSE OF STUDY	DID YOU GRADUATE	DIPLOMA DEGREE
HIGH SCHOOL					<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE					<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE					<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE					<input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT THAT YOU OPERATE PROFICIENTLY:

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REFERENCES (NAMES OF PERSONS NOT RELATED TO YOU)

NAME	RELATIONSHIP	ADDRESS	PHONE

DO YOU HAVE A FRIEND OR RELATIVE WORKING HERE? YES NO

NAME	DEPT.	RELATIONSHIP

PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS • DO NOT INCLUDE DRIVER'S LICENSE

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	NUMBER	ELIGIBLE
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	NUMBER	ELIGIBLE

APPLICANT'S STATEMENT

I certify that all information contained in this application is true, and understand that any misleading or false information or willful omission will be sufficient cause for immediate dismissal or refusal of employment.

I understand that all information in this application is subject to verification and that the facility may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. By my signature below, I consent to a criminal history background checks. I also authorize all individuals, schools, businesses, employers (past and present), and references herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I further understand that employment is "at-will" and that nothing contained in this employment application or statements made during the interview process if an interview is granted, are intended to create an employment contract between the facility and myself for either employment or for the providing of any benefit.

I also understand that the facility requires pre-employment drug and alcohol testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer of employment is conditioned on the prospective employee testing negative for illegal drugs and alcohol. I understand and agree to submit to the required pre-employment testing if an offer of employment is made to me.

I acknowledge and understand that I am required to immediately notify the facility if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payor program.
I have read and understand the above.

Incomplete information could disqualify you from consideration. Please accurately and fully complete all fields/questions.

Signature: _____ Date: _____

IMPORTANT NOTICE TO ALL APPLICANTS

If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents and nonimmigrants. You will have to provide documents within 3 days of your hire date to verify your identity and eligibility to work.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051