

## 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

### (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			Н	OME 7	ΓELEP	HONE NO.			
	PRESENT ADD	ENT ADDRESS CITY		STATE ZIP CODE		DE	CONTACT TELEPHONE NO.							
	PERMANENT A	PERMANENT ADDRESS CITY			STATE	ZIP COI	DE	E-	E-MAIL ADDRESS (optional)					
	ANY PREVIOUS NAME(S)? YES NO I IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME,							ME TO		AVAILABL WORK:	.E			
	POSITION APPLIED FOR: SALARY DESIRED:						CH	FULI	_ TIME	OU WOULD CONS				
MAI	HOW DID YOU LEARN ABOUT THIS POSITION? (NEWSPAPER, INTERNET, FRIEND, OF OTHER - PLEASE LIST)  RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY?  YES NO NO							PAR	TTIME	E / TEMPORARY E / REGULAR E / TEMPORARY				
S	NAME: DEPT: RELATIONSHIP:							WOULD YOU CONSIDER WORKING: WEEKENDS & HOLIDAYS YES NO ON CALL YES NO ON CALL						
L L	YES NO WHEN?													
_	ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?  ANY SHIFT  YES  NO										o 🛄			
	LONG RANGE (	LONG RANGE OCCUPATIONAL GOALS:						SHIFT AVAILABILITY (check all that apply):  DAYS DEVENINGS NIGHTS DAYS NIGHTS DAYS DAYS DAYS DAYS DAYS DAYS DAYS DAY						
	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 NO IF YES, WHICH STATE(S), AND EXPLAIN:													
		R BEEN SANCTIONED OR REGULATION?	, CITED, REPORTED, OR EX YES NO IF YES, E		ROM PARTICIPAT	TION IN MEI	DICAF	RE, ME	EDICA	ID, OI	R ANY OTHER HE	ALTHCARE		
Đ	If your answer i	s "yes" to any of the a	bove, you will not be automa	atically disq	ualified from em	ployment c	onsid	eratio	n, exc	ept as	s required by stat	e or federa	I law.	
	SCHOOL	NAME AN	ID ADDRESS OF SCHOOL					YE	HECK LAST YEAR OMPLETED		DID YOU GRADUATE?	LIST DIPLON OR DEG	MA	
	HIGH						1	2	3	4	YES NO			
ري ا	COLLEGE						1	2	3	4	YES NO			
SKIL	COLLEGE						1	2	3	4	YES NO			
/	OTHER Busines	OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)												
5	AREA(S) OF SPECIALIZATION OR MAJOR INTEREST:				LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE:									
Ή	LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:  WORD PROCESSING: (Approx. WPM)								M)					
$\preceq$	PROFESSIONAL LICENSES PROFESSIONAL CERTIFICATIONS													
ゴ	CORRENTLY LICENSED ELIGIBLE FOR LICENSE SUSPENDED, REVOKED OR ON PROBATION?							RRENTLY CERTIFIED						
Ш	☐ CURRENTLY REGISTERED ☐ ELIGIBLE FOR REGISTRATION YES ☐ NO ☐ IF YES, EXPLAIN:  TYPE: STATE:  NO: DATE:					T	JELK PE: TATE:	SIBLE	FOR CERTIFICAT					
		LICENSE OR REGISTRATION								☐ CURRENTLY CERTIFIED				
		CURRENTLY REGISTERED    ELIGIBLE FOR REGISTRATION YES    NO    IF YES, EXPLAIN:							ELK PE:	GIBLE	FOR CERTIFICAT	TION	Ä,	
	NO.		DATE:					ST	ATE:		DATE	:		

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Briefly describe duties and skills acquired through mil	litary or volunteer service: (include dates)						
PROVIDE INFORMATION REGARDING PREVIOUS EM							
	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:				
JOB TITLE:							
EMPLOYER NAME:	PHON	<u>=:</u>					
ADDRESS:	EMAIL						
	- HAICHE						
DUTIES:							
REASON FOR LEAVING:							
MAY WE CONTACT YOUR CURRENT EMPLOYER? Y	ES NO						
	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:				
JOB TITLE;							
EMPLOYER NAME:	PHON	=:					
ADDRESS:	EMAIL						
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DUTIES:							
I R							
REASON FOR LEAVING:							
	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:				
JOB TITLE:							
EMPLOYER NAME:	PHON	:					
ADDRESS:	EMAIL						
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DUTIES:							
REASON FOR LEAVING:							
	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:				
JOB TITLE:							
EMPLOYER NAME:	PHON	:					
ADDRESS: EMAIL:							
DUTIES:							
REASON FOR LEAVING:							
PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLO	DYMENT LONGER THAN THREE (3) MONTHS:						

<b>JUAGE</b>	LANGUAGE SKILLS - DO	NOT COMPLETE UNLESS RI DO YOU?		FAIR GOOD TLUENT	READ	FAIR GOOD FLUENT	☐ WRITE	FAIR GOOD FLUENT		
LANG	LANGUAGE	DO YOU?	SPEAK	FAIR GOOD FLUENT	READ	☐ FAIR ☐ GOOD ☐ FLUENT	☐ WRITE	FAIR GOOD FLUENT		
	LIST AT LEAST THREE (3) PROFESSIONAL / WORK / SCHOOL REFERENCES WHO ARE NOT RELATIVES OR PERSONAL ACQUAINTANCES:									
	NAME:		RELATIONSHIF	);		TITLE:				
S	COMPANY NAME:		ADDRESS:							
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	TELEPHONE:		EMAIL:							
SIGNA	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	Sic	gnature							
	TO BE COMPLETED BY DEPARTMENT MANAGER									
	HIRED? YES NO		i #							
	FULL TIME	ON CALL STATUS								
	PART TIME	REGULAR STATUS	TEMPORARY STA	TUS						
ONLY	STARTING DATE		SHIFT							
$\overline{\bigcirc}$	DEPARTMENT MANAGER	SIGNATURE								
USE (										
	II/	D BY HUMAN RESOUR OLD OR YOUNGER, IS PROOI		YES 🔲	NO 🔲	☐ EX	KEMPT 🔲 N	ION-EXEMPT		
巴	DEPARTMENT			COST CENTER						
OFFICE	POSITION	POSITION			JOB SITE					
30	EMPLOYEE NUMBER			STARTING	SALARY					
-0R	HR DIRECTOR SIGNATUR	E								

NOTIFY IN CASE OF EMERGENCY NAME

RELATIONSHIP

ADDRESS

TELEPHONE