



# 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



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: _____	EMAIL: _____		
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: _____	EMAIL: _____		
DUTIES: _____			
REASON FOR LEAVING: _____			

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

JOB TITLE: _____	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:
EMPLOYER NAME: _____	PHONE: _____		
ADDRESS: _____	EMAIL: _____		
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