St. Luke Community Healthcare Network Application

NAME_____DATE_____

Type of employment desired: _____

First choice

_____

Second choice

_____

Third choice

_____

Have you ever been convicted of a felony? _____. If yes, describe the details, circumstances, and dates involved in this conviction. _____

_____

_____

_____

_____

A conviction will not necessarily disqualify you from the job for which you applied.

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Where did you learn of this job opening?

Newspaper _____ (Please list which one _____)
Job Service _____
St Luke Website _____
Other Website _____ (Please list which one _____)
Bulletin Board _____
Other _____ (Please list _____)

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer; auxiliary aids and services are available upon request to individuals with disabilities.

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of State or Federal law.

PRE-EMPLOYMENT DRUG TESTING IS REQUIRED

INSTRUCTIONS: Please complete this application by typing or printing in ink. An application tailored to the position for which you are applying would be to your advantage.
Section #10 may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

INCOMPLETE OR UNSIGNED applications will *not* be considered.

1. Name: _____
   Last First M.I.

2. Address: _____
   Street or PO box

   _____
   City State Zip Code

3. Phone No: _____
   Work Home Cell

4. Date you are available to begin work: _____

5. Are you willing to accept:
   _____ Full time
   _____ Part time (less than 40hrs/wk)
   _____ Temporary
   Dates available: _____to_____
   _____ Day Shift
   _____ Night Shift

6. EDUCATION - High School Name:

High School Address:

Received Diploma or Equivalency Certificate? _____ Yes _____No If "No," enter highest grade completed.

College, University and Other Schools Name and Locations	Dates Attended Month/Year	Degree/ Certificate Received	Degree/ Certificate Date	Major/ Minor Field	Credits Earned Qtr/Sem

Training Courses Name and Location	Dates Attended Month/Year	Did you Complete?	Title/Description of Course	Total Hours

7. List Current Professional Licenses, Registration, or Certifications

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

8. List special skills that you have acquired such as word processing, ten key by touch, medical terminology, computer programs, etc.

9. EMPLOYMENT HISTORY: List your employment history **beginning with your present or most recent job** and list your work experience with emphasis on experience that relates to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not an adequate amount of space, you may continue your response on Section #10.

THIS INFORMATION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer? _____Yes _____No

Employer/Kind of Business	Your job title	Dates of Employment
Address (Street, City, State, Zip Code)		From: Mo Yr
Supervisor Name/Title:	Phone:	To: Mo Yr
Reason for Leaving:	Hrs per week	Highest Salary $

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.

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10. CONTINUATION/EXPLANATIONS (refer to item # being continued or explained)

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with St. Luke Community Healthcare Network is true, complete and correct to the best of my knowledge and contains no willful falsifications or misrepresentations. If any information provided by me is found to be false, incomplete or misrepresented in any respect, I am aware that it will be sufficient cause to cancel further consideration of this application, or if hired, may be grounds for termination at a later date.

I expressly authorize St. Luke Community Healthcare Network, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information regarding me, in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding St. Luke Community Healthcare Network or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that St. Luke Community Healthcare Network, does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature _____ Date: _____/_____/_____