

P E R S O N A L	Position(s) Desired				Date of Application	
	Last Name		First Name	Middle Initial	Social Security Number	
	Address		City	State	Zip	Telephone Number(s) (H) (W)
	Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date: _____					Are you age 16 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary					On what date would you be available for work?
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment.)					Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you been convicted of a crime within the last 10 years? (<i>Conviction will not necessarily disqualify an applicant from employment.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____					Are you currently on lay-off status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been excluded or sanctioned from participation in any federal or state health care program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____					
	Do you have any special licensing or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____				Have you ever been employed as a Certified Nurse's Aide? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	License #: _____				Expiration Date: _____	

E D U C A T I O N	SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College/Tech School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES	
Give name, address, and telephone number of three persons not related to you whom you have known for at least one year.	
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3.	

St. Andrew's Health Center is an equal opportunity employer. Applicants will receive consideration without regard to race, creed, color, religion, gender, age, national origin, disability, sexual orientation, marital, veteran, or any other legally protected status.
St. Andrew's Health Center prohibits smoking and the use of tobacco products on facility grounds and properties.

Employment History

Start with your present or most recent employer. Include any job-related military service assignments.

1	Company Name/Employer	Telephone ()
	Address	Dates Employed (State month and year) From: To:
	Job Title	Hourly Rate/Salary Starting: Final:
	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Description of Work _____ _____	Reason for Leaving

2	Company Name/Employer	Telephone ()
	Address	Dates Employed (State month and year) From: To:
	Job Title	Hourly Rate/Salary Starting: Final:
	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Description of Work _____ _____	Reason for Leaving

3	Company Name/Employer	Telephone ()
	Address	Dates Employed (State month and year) From: To:
	Job Title	Hourly Rate/Salary Starting: Final:
	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Description of Work _____ _____	Reason for Leaving

4	Company Name/Employer	Telephone ()
	Address	Dates Employed (State month and year) From: To:
	Job Title	Hourly Rate/Salary Starting: Final:
	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Description of Work _____ _____	Reason for Leaving

SPECIAL SKILLS & QUALIFICATIONS

Summarize any special job-related skills and qualifications acquired from employment or other experience.

MEMBERSHIP IN PROFESSIONAL/CIVIC ORGANIZATIONS

(Exclude those which may disclose any legally protected status such as race, color, religion, national origin, etc.)

ADDITIONAL INFORMATION

State any additional information you feel may be helpful in considering your application.

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I certify that the information provided in this Application for Employment is true and complete. If employed, any misstatement or omission of fact on this application may result in immediate dismissal.

I authorize St. Andrew's Health Center to contact the employers, schools, and references and investigate any statements which I have provided in this application unless I have indicated to the contrary. I authorize the release of any information St. Andrew's Health Center deems necessary in arriving at an employment decision and hereby release such employers, schools, and references from any and all liability for furnishing such information.

I understand that acceptance of an offer of employment does not create a contractual obligation upon St. Andrew's Health Center to continue to employ me in the future and that my employment can be terminated at will by myself or St. Andrew's Health Center at any time. I also understand that all offers of employment are contingent upon: 1) satisfactory proof of my identity and legal authorization to work in the United States, and 2) successful passing of substance abuse testing and any required health examinations.

Applicant's Signature

Date