



# Application for Employment

Confidential

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, citizenship, marital or veteran status.

Fingerprinting and pre-employment drug testing will be conducted on all applicants considered for employment.

Criminal Check: OK  No   
Approved: \_\_\_\_\_

The mission of St. Augustine Health Campus is to continue the healing ministry of Christ by promoting the quality of life and independence of each person entrusted to our care through a continuum of health care and related services.

<b>PERSONAL</b>			
Name: _____			Today's Date: _____
Last	First	Middle	
Present Street Address: _____			Telephone Number: _____
Address	City	State	Zip (Area Code)
Permanent (or mailing) Address: _____			Business Phone Number: _____
Address	City	State	Zip (Area Code)
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		For checking prior records, provide other names under which you are known. _____	
		Social Security Number: _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you lived in the State of Ohio for the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>GENERAL</b>			
Position Desired: _____			
Referred by: <input type="checkbox"/> School _____ <input type="checkbox"/> Advertisement (Which one?: _____)			
<input type="checkbox"/> Other <input type="checkbox"/> Job Fair (Where?: _____)			
<input type="checkbox"/> Current staff member (Name: _____)			
<b>Type of Work Desired</b>	<b>Shift</b>	<b></b>	<b>Salary</b>
First Choice _____			
Second Choice _____			
Third Choice _____			
Availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Regular Basis <input type="checkbox"/> Temporary Basis			
Have you ever applied to work here before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____		Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	
Do you have any relatives currently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No What department (s)? _____			
Have you ever been convicted of a crime? If yes, please give details: _____			

**EMPLOYMENT HISTORY:** Beginning with your most recent employer, please list your last three (3) employers.  
 (Please feel free to list any additional employers on a separate sheet of paper.)

Name of Employer:	Type of Business:
Address:	Phone:
Dates Employed: From: _____ To: _____	Position: _____ Salary: _____
Name of Supervisor:	Reason for Leaving: _____
Brief Description of Duties: _____	

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Address:	Phone:
Dates Employed: From: _____ To: _____	Position: _____ Salary: _____
Name of Supervisor:	Reason for Leaving: _____
Brief Description of Duties: _____	

Summarize periods of unemployment or periods not accounted for above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES:** (Please do not list family members)

Name:	Address:	Phone:	Occupation:
_____	_____	_____	_____
Name:	Address:	Phone:	Occupation:
_____	_____	_____	_____
Name:	Address:	Phone:	Occupation:
_____	_____	_____	_____

**APPLICANT'S STATEMENT:**

I certify that answers given herein are true and complete to the best of my knowledge, and understand and agree that any misrepresentation or omission on my application or related papers, or made during any oral interviews may result in refusal of employment or shall be considered grounds for dismissal.

St. Augustine Health Campus may make an investigation of my history and may verify all data given in my application of employment, related papers, or oral interviews. I allow such investigation and release from liability St. Augustine Health Campus and/or any person or company given or refusing such information.

I understand and agree that this application is not, and is not intended to be a contract of employment, and that if hired, my employment is at will, for no definite period, and may be terminated at any time without prior notice, without liability for wages, salary or any benefits except those earned up to the date of termination. If employed by St. Augustine Health Campus, I agree to undergo medical examinations, including drug and alcohol testing, at any time at the option of St. Augustine Health Campus, and I also understand and agree that I will abide by its rules and regulations.

If separated from employment from St. Augustine Health Campus for any reason, I authorize it to furnish any information to employment references and release from liability it and/or any person giving or receiving any such information.

I have read, understand, and agree to the above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

EDUCATION			
Name and Location	Major Course of Study	Diploma/Degree	Did you Graduate?
High School: _____ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College: _____ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School: _____ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		What courses are you taking? _____ _____	

PROFESSIONAL LICENSES AND/OR CERTIFICATES				Verification
Type	Organization or State Issued	Date Issued	Number	
Type				

MILITARY		
Have you ever been in the U.S. Armed Services or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service: _____	Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> U.S. Armed Forces?    Classification? _____	or <input type="checkbox"/> National Guard?    Enlistment up? _____	

AVAILABILITY RECORD (When are you available for work?)																																							
<input type="checkbox"/> Yes <input type="checkbox"/> No    Weekends																																							
<input type="checkbox"/> Yes <input type="checkbox"/> No    Holidays																																							
<input type="checkbox"/> Yes <input type="checkbox"/> No    Rotating Shifts																																							
<p>I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my department director or administrators of this institution.</p> <p>_____</p> <p style="text-align: center;">Applicant's Signature</p> <p>_____</p> <p style="text-align: center;">Date</p>																																							
<table border="1"> <thead> <tr> <th>Day</th> <th>From:</th> <th>To:</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Sunday</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> </tr> <tr> <td rowspan="2">Monday</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> </tr> <tr> <td rowspan="2">Tuesday</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> </tr> <tr> <td rowspan="2">Wednesday</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> </tr> <tr> <td rowspan="2">Thursday</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> </tr> <tr> <td rowspan="2">Friday</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> </tr> <tr> <td rowspan="2">Saturday</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> </tr> </tbody> </table>	Day	From:	To:	Sunday	AM	AM	PM	PM	Monday	AM	AM	PM	PM	Tuesday	AM	AM	PM	PM	Wednesday	AM	AM	PM	PM	Thursday	AM	AM	PM	PM	Friday	AM	AM	PM	PM	Saturday	AM	AM	PM	PM	
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