

Faxton-St. Luke's Healthcare is an Affirmative Action/Equal Opportunity Employer.

We are committed to a tobacco and drug free environment.

Desired Position(s): _____

Date of Application: _____

Are you Applying for: Full-time Part-time Occasional

Preferred Shift(s): Days Evenings Nights

Are you willing to work weekends? Yes No

Date Available: _____

REFERRAL SOURCE (Please check source and list name if applicable)

<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Web _____	<input type="checkbox"/> Job Fair/ School _____	<input type="checkbox"/> Radio Ad _____	<input type="checkbox"/> TV Ad _____	<input type="checkbox"/> Employee _____	<input type="checkbox"/> Agency _____
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PERSONAL INFORMATION

Name (Last, First, Middle):	Home Phone:
Street Address:	Cell Phone:
City/State/Zip:	E-mail Address:

Have you ever been employed by us or one of our affiliates? Yes No
(i.e. FSLHC, VNA, MVHC, St. Luke's Home, Senior Network Health)

If "Yes" please list date(s) and facility _____

Are you a citizen of the United States? Yes No

If necessary for the position(s), are you over the age (please check one)

16+ (Nutrition Services only) 18+ (All other positions)

Have you ever been convicted of a felony in the past 10 years? Yes No
(Conviction will not necessarily disqualify an applicant from employment)

Are you currently employed? Yes No
May we contact your present employer? Yes No

Have you ever been involuntarily discharged by an employer? Yes No

Have you ever been sanctioned from participating Yes No
in Medicare or Medicaid programs, or is any action or proceeding
pending that might result in such sanction?

EDUCATION

Type of School	Name of School, City and State	Graduate	Years Completed	Major & Degree
High School		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
College		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduate School		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	
Business, Trade, or GED		<input type="checkbox"/> Y <input type="checkbox"/> N		

Please describe any additional training, certifications, skills, awards, or extra-curricular activities that you consider relevant to employment at FSLHC:

LANGUAGE ABILITY (Please list those you could use in your work)

English	Speak	Read	Write	Other	Speak	Read	Write	Other	Speak	Read	Write
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK RELATED REFERENCES (Please provide persons that will be able to verify qualifications for desired position)

Name:	Organization/Address:	Title/Phone:
Name:	Organization/Address:	Title/Phone:

EMPLOYMENT (Start with most recent employer)

**This information must be completed even if a resume is provided.

Company Name:	Date Started:	Date Left:	Starting Position:
Address:	Starting Salary:	Final Salary:	Last Position:
Phone #:	Describe Major Duties:		
Name of Supervisor:	Reason for leaving:		

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Name of Supervisor:	Reason for leaving:		

EQUAL OPPORTUNITY EMPLOYER/AMERICAN WITH DISABILITES ACT

It is the policy of Faxton-St. Luke's Healthcare to be an equal opportunity/affirmative action employer. Our Organization adheres to and supports all laws regarding discrimination. An objective of our organization is to recruit, hire, train and promote into all job levels the most qualified applicants without regard to race, color, creed, religion, sex, age, national origin, marital status, sexual orientation, disability, veteran status, or political beliefs. All such decisions are made by utilizing objective standards based on an individual's qualifications as they relate to a particular job vacancy and to the furtherance of equal employment opportunity. *Faxton-St. Luke' Healthcare is committed to providing equal opportunities to otherwise qualified individuals with disabilities, which may include providing reasonable accommodations where appropriate.*

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application or in an interview for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 3 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand also that false and misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Employer and in conjunction with any contractual arrangements.

I consent to any and all job-related examinations, including pre-employment health, drug screening, and criminal background checks as required by Faxton-St. Luke's Healthcare. I understand that if I am employed I will be on probationary basis for 3 months from the date of employment. Upon my termination I authorize the release of reference information on my work.

I authorize the release of any work-related information to Faxton-St. Luke's Healthcare to include: Dates of employment, performance evaluations, attendance records, and any related information necessary for employment consideration.

I fully understand and accept all terms and conditions in the above statement.

Full Name (Print)	Date
Signature	Phone Number

EMPLOYMENT APPLICATION VOLUNTARY SELF-IDENTIFICATION FORM

Name _____

Date _____

All information provided on this form will be used for Government reporting purposes only and will not be used in our selection decision. Your submission of this form is optional. Failure to provide this information will not be used against you.

I do not wish to furnish the following information.

OR

I volunteer the following information.

Race/Ethnicity:

Using the definitions provided, please indicate the ethnic or racial group to which you most closely identify:

CHECK ONLY ONE (Ethnic group OR one of the racial groups)

Ethnic Group

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. If this option is chosen, you do not need to choose one of the racial groups.

Racial Groups (choose only one)

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – A person who identifies with more than one of the following races: White, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, or American Indian or Alaska Native.

Veterans:

If you are a Protected Veteran, please check the box that applies to you:

Date of Discharge _____

Disabled Veteran – A veteran of the U.S. military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service related disability.

Armed Forces Service Medal Veteran – Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985

Recently Separated Veteran – Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Other Protected Veteran – A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign badge that has been authorized under the laws administered by the Department of Defense.

Employee Signature

Date