SSM Franciscan Courts Employment Application

For office use only:  
Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

815 S. Westhaven Drive

Oshkosh, WI 54904

# Applicants may request accommodation, if needed, to complete the application process.

# Please print in ink. You are to complete the entire application to be considered.

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| APPLICANT INFORMATION | | | | | | | |  | |  | | | | | | | | |
| Name (first, middle, last) | | | | | | | | | | | | | Date: | | | | | |
| Address (street, city, state, zip code) | | | | | | | | | | | | | | | | | | |
| Social Security Number  Email address: | | | | Home Phone  ( ) | | | | | | | | | Cell Phone  ( ) | | | | | |
| Are there other names under which you have worked or attended school? 🞏Yes 🞏 No If yes, please list for reference checking purposes. | | | | | | | | | | | | | | | | | | |
| Are you legally authorized to work in the U.S.? 🞏Yes 🞏 No (If hired, you will have to provide proof of work authorization.) | | | | | | | | | | | | | | | | | | |
| Do you have a relative presently employed by SSM Franciscan Courts? ? 🞏Yes 🞏 No  If yes, is your relative presently employed in a supervisory capacity at SSM Franciscan Courts? 🞏Yes 🞏 No  If yes, please identify department. | | | | | | | | | | | | | | | | | | |
| Have you ever applied or been employed at our facility?  🞏 Applied 🞏 Employed If yes, when?  From: \_\_\_\_\_\_\_ To:\_\_\_\_\_\_  Name then: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if different) | | | | | | Have you ever performed voluntary service for our facility or a facility operated by The Sisters of the Sorrowful Mother Finance, Inc.?  🞏Yes 🞏 No If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_  Name then: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if different) | | | | | | | | | | | | |
| Are you on layoff, subject to recall? 🞏Yes 🞏 No | | | | | | Have you lived or worked outside Wisconsin in the last 3 years?  🞏Yes 🞏 No | | | | | | | | | | | | |
| Are you at least 18 years old? 🞏Yes 🞏 No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and verification that you have obtained a valid work permit. | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony, misdemeanor or other criminal offense (including a civil forfeiture) or are any criminal charges pending against you?  🞏Yes 🞏 No If yes, explain 1) nature of offense \_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2) date of conviction \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_ and  3) municipality or county and state in which convicted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (use a separate sheet if necessary)  (Convictions or pending charges are not an automatic bar to employment unless required by law. Otherwise, the circumstances of the crime will be considered as it relates to the job or if the applicant is not bondable for a job requiring bonding.) | | | | | | | | | | | | | | | | | | |
| Are you currently using illegal drugs (i.e., within the last 30 days)? 🞏Yes 🞏 No | | | | | | | | | | | | | | | | | | |
| GENERAL | | | | | | |  | | | | | | | | | | | |
| Position(s) applying for: | | | | | | | Read the job description for the position for which you are applying. Can you perform the essential functions of this position with or without reasonable accommodations? 🞏Yes 🞏 No | | | | | | | | | | | |
| Desired: 🞏 Part-Time 🞏 Full-Time  🞏Temporary 🞏 Casual 🞏 Educational Coop | | | Salary Preference  $ | | | | What shift(s) will you work?  🞏 Days 🞏 Nights 🞏 Weekends  🞏 PMs 🞏 Variable | | | | | | | | | Date available for work? | | |
| Will you consent to a post-offer pre-employment physical and drug screening? Yes\_\_\_\_ No \_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Briefly explain why you want to work for SSM Franciscan Courts. | | | | | | | | | | | | | | | | | | |
| Referral Source: 🞏 Advertisement 🞏 Private Employment Agency 🞏 Friend/Relative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Walk-in 🞏 Government Employment Agency  🞏 WebSite 🞏 School/Job Fair 🞏 Employee **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (Name) | | | | | | | | | | | | | | | | | | |
| SKILLS | | |  | | | |  | | | | | | | |  | | | |
|  | | | | | | |  | | | | | | | | Are you proficient in the use of: | | | |
| Please list software programs used:(Word, Excel, PowerPoint, Publisher, etc.) | | |  | | | |  | | | | | | | | Internet 🞏Yes 🞏 No | | | |
| Office equipment experience: (copier, fax machine, mailing machine, laminator etc.) | | |  | | | |  | | | | | | | | Outlook 🞏Yes 🞏 No | | | |
| Typing Speed: \_\_\_\_\_\_ wpm | | | Multi-line Phone Experience: \_\_\_\_\_\_ Years | | | | Have you taken a course in Medical Terminology?  🞏 Yes 🞏 No | | | | | | | | | | | |
| All applicants, please list any additional experience, skills and qualifications which relate to the job you are applying for: | | | | | | | | | | | | | | | | | | |
| EDUCATION | | | | | | | | |  | |  |  | | | | | |  | |
| School | Name and Location (city, state) | | | | | | Circle Last Year Completed | | Did You Graduate? | | | | | | | | List Diploma Degree or Course of Study | |
| High School Or  Senior High |  | | | | | | 1 2 3 4 | | 🞏 Yes 🞏 No | | | | | | | |  | |
| Business/-Technical |  | | | | | | 1 2 3 4 | | 🞏 Yes 🞏 No | | | | | | | |  | |
| College |  | | | | | | 1 2 3 4 | | 🞏 Yes 🞏 No | | | | | | | |  | |
| Graduate |  | | | | | | 1 2 3 4 | | 🞏 Yes 🞏 No | | | | | | | |  | |
| Other (specify) |  | | | | | | 1 2 3 4 | | 🞏 Yes 🞏 No | | | | | | | |  | |
| Nursing degree received🞏 LPN 🞏 ADN 🞏 RN Diploma 🞏 BSN 🞏 MSN | | | | | | | | | | | | | | | | | | |
| TRAINING COURSES (List any relevant training programs completed.) | | | | | | | | | | | | | | | | | | |
| Course/Seminar | | Organization Sponsoring | | | Content | | | | | | | | | Date(s) Attended | | | | |
|  | |  | | |  | | | | | | | | |  | | | | |
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| **REQUIRED LICENSE(S)** | | | | | | | | | | | | | | | | | | |
| If required to drive a motor vehicle for the job you are applying for, do you have a current valid drivers license? If so, please give:  1) Driver’s License Number 2) State Issued Expires: \_\_/\_\_\_ | | | | | | | | | | | | | | | | | | |
| Are you professionally licensed, certified or registered with any professional group, association, or society (exclude memberships)?  🞏Yes 🞏 No    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Name of group Registration, certification or license number State Date of Expiration | | | | | | | | | | | | | | | | | | |
| Medicare/Medicaid Eligibility Participation:  Have you ever been excluded from participation as a health care provider or supplier in either the Medicare or Medicaid program?  🞏Yes 🞏 No If “Yes” please explain. | | | | | | | | | | | | | | | | | | |

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| **EMPLOYMENT HISTORY (include military experience)** | | | | | |
| PRESENT **OR**  **LAST**  **EMPLOYER** | Company Name | | | Dates of Employment (Month/Year):  From To | |
| Street Address  City  State, Zip | | | Telephone | |
| May we contact  present employer?  🞏Yes 🞏 No | Name/Title of Supervisor | |
| Your name then (if different) | | Last Salary  🞏 Hour  $ 🞏 Annual | 🞏 Full Time | 🞏 Part Time  \_\_\_\_\_ Hours/Week |
| Description of Duties | | | | Reason for Leaving | |
|  | | | |  | |
| NEXT **PREVIOUS**  **EMPLOYER** | Company Name | | | Dates of Employment (Month/Year):  From To | |
| Street Address  City  State, Zip | | | Telephone | |
| Name/Title of Supervisor | |
| Your name then (if different) | | Last Salary  🞏 Hour  $ 🞏 Annual | 🞏 Full Time | 🞏 Part Time  \_\_\_\_\_ Hours/Week |
| Description of Duties | | | | Reason for Leaving | |
|  | | | |  | |
| **NEXT**  **PREVIOUS**  **EMPLOYER** | Company Name | | | Dates of Employment (Month/Year):  From To | |
| Street Address  City  State, Zip | | | Telephone | |
| Name/Title of Supervisor | |
| Your name then (if different) | | Last Salary  🞏 Hour  $ 🞏 Annual | 🞏 Full Time | 🞏 Part Time  \_\_\_\_\_ Hours/Week |
| Description of Duties | | | | Reason for Leaving | |
|  | | | |  | |
| **NEXT**  **PREVIOUS**  **EMPLOYER** | Company Name | | | Dates of Employment (Month/Year):  From To | |
| Street Address  City  State, Zip | | | Telephone | |
| Name/Title of Supervisor | |
| Your name then (if different) | Last Salary  🞏 Hour  $ 🞏 Annual | | 🞏 Full Time | 🞏 Part Time  \_\_\_\_\_ Hours/Week |
| Description of Duties | | | | Reason for Leaving | |

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| EMPLOYMENT REFERENCES | |
| List individuals familiar with your employment qualifications, including at least one supervisor (preferably not relatives or personal friends). | |
| Name | Title |
| Address | Day Telephone ( ) |
| Relationship | How long known? |
|  |  |
| Name | Title |
| Address | Day Telephone ( ) |
| Relationship | How long known? |
|  |  |
| Name | Title |
| Address | Day Telephone ( ) |
| Relationship | How long known? |
| AGREEMENT TO INVESTIGATION AND RELEASE | |

#### READ CAREFULLY AND ACKNOWLEDGE BY YOUR WRITTEN SIGNATURE AND TODAY’S DATE

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| I certify that the facts set forth in this application are true and complete, and I authorize investigation of the statements I have made.  I release from any and all liability all representatives of SSM Franciscan Courts and Sisters of the Sorrowful Mother International Finance, Inc. for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications. I further authorize any party having information bearing upon my qualifications for employment to release such information to any Sisters of the Sorrowful Mother facility (unless otherwise stated). I also release from any and all liability all individuals and organizations who provide information to any Sisters of the Sorrowful Mother facility in good faith and without malice concerning my employment competencies, ethics, character, and other qualifications, including other privileged or confidential information, and if I am employed, I also authorize Sisters of the Sorrowful Mother to release such similar information to prospective future employers, and I release Sisters of the Sorrowful Mother and its employees from any liability or damages that may result from providing such information.  I understand that any false statements or omissions concerning requested information on this application shall be a sufficient basis for denial of employment or summary dismissal. I also understand that my employment at any Sisters of the Sorrowful Mother facility may be contingent upon the satisfactory completion of any or all of the following: health examination, drug screen, caregiver background check, and/or investigation of my work record and references. I consent to a post-offer pre-employment health examination and such future examination as may be required by any Sisters of the Sorrowful Mother facility. I further understand that, if employed, I will serve a 90 day training/orientation period.  I understand that if I am employed by Sisters of the Sorrowful Mother International Finance, Inc, my employment can be terminated by Sisters of the Sorrowful Mother International Finance, Inc., the employing Sisters of the Sorrowful Mother facility or by me at will, with or without cause, and with or without notice, at any time, except as may be required by law. I understand that no one at Sisters of the Sorrowful Mother International Finance, Inc. or SSM Franciscan Courts, other than the President of the employing entity, has the authority to alter, orally or in writing, this terminable-at-will status of employment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date |
| NONDISCRIMINATION |
| It is the policy of any Sisters of the Sorrowful Mother facility to consider all applicants for employment without regard to age, race, religion (unless part of the position qualifications), creed, color, disability, marital status, gender (unless part of the qualifications for the position), national origin, ancestry, sexual orientation, military reserve status or any other unlawful basis. |

**A photocopy of this authorization may be used with the same effect as the original hereof.**

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| To be completed by Human Resources staff only | | | | | |
| Interview #1 Date | **Interview #2 Date** | **Reference Checks** | **Caregiver Background Check** | **Date of Offer** | **Date Offer Declined/Accepted** |
|  |  |  |  |  |  |
| **Position Title** | **Department / Unit** | **Start Date** | **FTE Status** | **Shift** | **Wage / Salary** |
|  |  |  |  |  |  |

7/7/06