

ST. MARY'S HOME HEALTH SERVICES, INC.
3180 E. Shields Ave. #105
Fresno, CA 93726
APPLICATION FOR EMPLOYMENT

DATE OF HIRE: _____

The St. Mary's Home Health Services, Inc. and/or federal law prohibit discrimination in employment on the basis of religion, race, color, handicap, national origin, age, sex, height, weight, or marital status. ST. MARY'S HOME HEALTH SERVICES, INC. is an equal opportunity employer and does not discriminate on the basis of any of these or any other legally protected category or medical condition.

Please Print Neatly

Name _____
(Last) (First) (Middle)
Address _____
(Number) (Street) (City) (State) (Zip)
Telephone () Cell Phone () Email: _____

Position Desired (1) _____ (2) _____ (3) _____

Date Available _____ Expected Wage _____/hr.

Status (check all appropriate) Full Time Part Time Irregular Part Time Contingency
Status (check all appropriate) Temporary or Summer (From _____ / _____ / _____ To _____ / _____ / _____)

Minimum number of hours you would work per week _____

Shift(s) willing to work: Days Evenings Nights

Can you work holidays and weekends if necessary? Yes No

Are there any days or hours you cannot work? Yes No

If yes, please list them and explain _____

What prompted you to apply to St. Mary's Home Health Services, Inc.? Employee (name) _____
 News Ad (name) _____ Other (name) _____

Are you 18 years of age or older?..... Yes No

Are you a citizen of the United States? Yes No

If no, do you have the legal right to work and remain in the United States?..... Yes No

Visa Type _____

Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? If yes, please explain: _____ Yes No

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary Agency for either conduct based or performance based actions? If yes, please explain: _____ Yes No

(Unless otherwise required by law, a conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, length of time since conviction, seriousness and nature of violation, position applied for and rehabilitation will be considered.)

Have you previously worked for St. Mary's Home Health? Yes No
If yes, date _____ Position _____

Have you ever worked or attended school under another family/maiden name? Yes No
If yes, indicate name _____

Have you any relatives or acquaintances at St. Mary's Home Health Services, Inc.?..... Yes No
List names _____

Are you willing to take a pre-placement physical and/or a drug test at our expense upon a conditional offer of employment Yes No

PROFESSIONAL REGISTRATION/CERTIFICATION

Professional Registration No. _____ State of Reg. _____ Certification _____
Type of Registration _____

EDUCATION AND TRAINING

HIGH SCHOOL or GED

Name _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

Circle highest grade completed 9 10 11 12 From _____ To _____
MM/YY MM/YY

Did you graduate? _____ Did you receive GED? _____ Date received _____

COLLEGE, UNIVERSITY, TECHNICAL OR NURSING SCHOOL

Name _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

Circle highest year completed 1 2 3 4 From _____ To _____
MM/YY MM/YY

Major _____ Minor _____ Did you graduate? _____ Degree _____

Faculty Reference _____

COLLEGE, UNIVERSITY, TECHNICAL OR NURSING SCHOOL

Name _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

Circle highest year completed 1 2 3 4 From _____ To _____
MM/YY MM/YY

Major _____ Minor _____ Did you graduate? _____ Degree _____

Faculty Reference _____

GRADUATE or PROFESSIONAL SCHOOL

Name _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

Circle highest year completed 1 2 3 4 From _____ To _____
MM/YY MM/YY

Major _____ Minor _____ Did you graduate? _____ Degree _____

Faculty Reference _____

MILITARY SERVICES

Were you in the U.S. Armed Forces? Yes No. What Branch _____

From _____ To _____ Current Date Status: _____

Reserve Status: Active Inactive Duties _____

Special Training _____

Citation or Awards Received _____ Type of Discharge _____

EMPLOYMENT HISTORY

Please list past employment beginning with present or last employer.

1. Present or Last Employer _____ Position Held _____

(Address) (City) (State) (Zip Code) (Telephone)

Dates of Employment From _____ To _____ May we contact? Yes No
Mo/Yr. Mo/Yr.

Name of Supervisor _____ Dept. _____ Wage _____/hr.

Reason For Leaving _____

2. Present or Last Employer _____ Position Held _____

(Address) (City) (State) (Zip Code) (Telephone)

Dates of Employment From _____ To _____ May we contact? Yes No
Mo/Yr. Mo/Yr.

Name of Supervisor _____ Dept. _____ Wage _____/hr.

Reason For Leaving _____

3. Present or Last Employer _____ Position Held _____

(Address) (City) (State) (Zip Code) (Telephone)

Dates of Employment From _____ To _____ May we contact? Yes No
Mo/Yr. Mo/Yr.

Name of Supervisor _____ Dept. _____ Wage _____/hr.

Reason For Leaving _____

4. Present or Last Employer _____ Position Held _____

(Address) (City) (State) (Zip Code) (Telephone)

Dates of Employment From _____ To _____ May we contact? Yes No
Mo/Yr. Mo/Yr.

Name of Supervisor _____ Dept. _____ Wage _____/hr.

Reason For Leaving _____

REFERENCES

(Please list three persons who could be contacted as character references other than relatives)

1. _____
(Name) (Occupation) (Address) (Telephone)

2. _____
(Name) (Occupation) (Address) (Telephone)

3. _____
(Name) (Occupation) (Address) (Telephone)

IN CASE OF AN EMERGENCY, NOTIFY

**CERTIFICATION AND AUTHORIZATION
APPLICANT PLEASE READ CAREFULLY**

I certify that the answers that appear on this application and the information provided in my resume are complete and true. I hereby authorize St. Mary's Home Health Services, Inc. and/or its agents to verify any or all of the information provided on this application and in my resume. In order to verify such information, I hereby authorize all persons, schools, companies and law enforcement agencies to release any records or any other information they may possess relating to my application for employment. I also release any individual, partnership or corporation which presently or formerly employed me, any school I attended, their officers, agents and employees and any law enforcement agency from any liability, claims or damages for issuing such information in good faith and without malice.

Should I become an employee at this organization, I also release St. Mary's Home Health Services, Inc. from any liability, claims, or damages for issuing such information in good faith and without malice to other individuals/institutions who have a legitimate and common interest in the subject matter.

I realize that falsification or omissions of any information on this application, in my resume, or during any interview, will be grounds for rejection of my application or if I am offered employment, discharge at any time during my employment. I understand a conditional offer of employment may be based on results of a post-hire medical examination. I also understand that any falsification or omission of information in connection with any medical examination will be grounds for rejection of my application or discharge at any time if I am offered employment. **I also understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.**

If offered employment, I will submit to any medical examinations and drug tests deemed necessary by St. Mary's Home Health Services, Inc. to evaluate my physical and mental fitness for employment and that my employment is conditioned upon passing the medical evaluation. If employed, I will submit to any physical or mental examination deemed necessary by St. Mary's Home Health Services, Inc. to determine my continued fitness to perform the duties of the job, or whenever such medical examinations are required by state or federal law. If employed, I agree to observe at all times all hospital rules and regulations. I also UNDERSTAND that I must continue to be available to work on any shift or in any area of the hospital where I am needed. I acknowledge and agree that should I, once employed or as an employee, be subsequently arrested or convicted of one or more criminal offenses as listed below:

1. attempt or conspiracy to commit a felony;
2. misdemeanor, involving abuse, neglect, assault, battery or criminal sexual conduct involving fraud or theft against a vulnerable adult as defined the California Penal Code.

I will notify this employer in writing within twenty-four (24) hours of the event.

I authorize St. Mary's Home Health Services, Inc. to conduct a thorough investigation of my past employment, background, criminal history, education, and activities. I agree to cooperate in such investigation and release and discharge from all liability, responsibilities, claims or damages of any kind or nature St. Mary's Home Health Services, Inc. and any other persons or entities requesting or supplying information pursuant to such investigation. I understand that, if I am offered employment, my employment will be contingent upon me successfully passing, in St. Mary's Home Health Services, Inc. discretion, any investigation conducted by St. Mary's Home Health Services, Inc. I further authorize St. Mary's Home Health Services, Inc. to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal or proper interest.

Signature of Applicant _____ Date _____
(Do Not Print)

I have resided in the State of California for three (3) years immediately preceding the date of this application: Yes No

If you respond no, when did you move to the state of California? _____
(Month) (Year)

Signature of Applicant _____ Date _____
(Do Not Print)

By law, certain policies will require finger printing for individuals who have not resided in the State of California during the prior three (3) years.

APPLICANT DO NOT WRITE BELOW THIS POINT

<p>INTERVIEWERS REPORT</p> <p>INTERVIEWED BY _____ DATE _____</p> <p>APPEARANCE _____ SPEECH _____</p> <p>DRESS _____ AGGRESSIVENESS _____</p> <p>PERSONALITY _____ AMBITIONS _____</p> <p>REMARKS: _____</p> <p>APPLICANT IS (check one): <input type="checkbox"/> Recommended For Employment <input type="checkbox"/> Rejected <input type="checkbox"/> To Be Considered For Future Employment</p>	<p>INTERVIEWERS REPORT</p> <p>INTERVIEWED BY _____ DATE _____</p> <p>APPEARANCE _____ SPEECH _____</p> <p>DRESS _____ AGGRESSIVENESS _____</p> <p>PERSONALITY _____ AMBITIONS _____</p> <p>REMARKS: _____</p> <p>APPLICANT IS (check one): <input type="checkbox"/> Recommended For Employment <input type="checkbox"/> Rejected <input type="checkbox"/> To Be Considered For Future Employment</p>
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FOR HUMAN RESOURCE USE ONLY

<p>SHIFTS <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Variable</p>	<p>Starting Date: _____</p>	<p>Rate of Pay: \$ _____ per HR.</p>
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NOTICE/AUTHORIZATION FOR BACKGROUND SEARCH

In connection with my application for employment, I understand that St. Mary's Home Health Services, Inc. will conduct an investigation of my background including a criminal history check, for employment purposes. I also understand that, if I am hired, an investigation of my background may be conducted during the course of my employment.

I am aware that the background investigation will include a criminal history check and may also include information regarding my prior employment, driving record (if relevant to the job), civil history, character, general reputation, personal characteristics, or mode of living.

By providing the information requested below and signing this Notice/Authorization, I authorize St. Mary's Home Health Services, Inc. to conduct a thorough investigation of my past employment, background, criminal history, education, and activities. I agree to cooperate in such investigation and release and discharge from all liability, responsibilities, claims or damages of any kind or nature St. Mary's Home Health Services, Inc. and any other persons or entities requesting or supplying information pursuant to such investigation. I understand that, if I am offered employment, my employment will be contingent upon me successfully passing, in St. Mary's Home Health Services, Inc. discretion, any investigation conducted by St. Mary's Home Health. I further authorize St. Mary's Home Health Services, Inc. to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal or proper interest.

I acknowledge that a facsimile or photographic copy of this signed Notice/Authorization will be as valid as the original.

Print Name

Any other previous name that you have worked or attended school under.

Social Security Number

Driver's License Number/State

Current Address:

Former Address:

(list all within 15 years)

Former Address:

(list all within 15 years)

Former Address:

(list all within 15 years)

Former Address:

(list all within 15 years—use back if necessary)

Signature

Date