

Employment Application

Please Print All Information

Personal Data	Last Name			First	Middle	Date of Application
	Street Address			Email Address		Telephone Number To Be Reached
	City		State	Zip		Social Security Number
	Position Desired				Date Available for Employment	
	Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Shift <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights			Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem		
	Do you possess a technical and/or professional license?					
	Type:		State Issued:		License No.:	
	Do you have a legal right to live and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	List name of relatives working at St. James					
Name		Department		Relationship		
_____		_____		_____		
_____		_____		_____		
_____		_____		_____		
List memberships in professional or civic organizations which you believe are relevant to the position. (exclude those which may disclose your race, color, religion or national origin)						

Education	School	Name & Location	Course of Study	Years Completed	Did You Graduate	Degree or Diploma
	Graduate					
	College					
	High School					
	Elementary School					
	Special Training or Skills					

Please Give Accurate, Complete Employment Record. Begin With Present or Most Recent Employment (use additional sheets if necessary)

Employment History	Company Name (1)	Telephone _____
	Address	Employed <input type="checkbox"/> FT From: Month _____ Year _____ <input type="checkbox"/> PT TO Month _____ Year _____
	Name of Supervisor	Weekly Pay: Starting _____ Ending _____
	State Job Title and Describe Your Work	Reason For Leaving _____
	Company Name (2)	Telephone _____
	Address	Employed <input type="checkbox"/> FT From: Month _____ Year _____ <input type="checkbox"/> PT TO Month _____ Year _____
	Name of Supervisor	Weekly Pay: Starting _____ Ending _____
	State Job Title and Describe Your Work	Reason For Leaving _____
	Company Name (3)	Telephone _____
	Address	Employed <input type="checkbox"/> FT From: Month _____ Year _____ <input type="checkbox"/> PT TO Month _____ Year _____
	Name of Supervisor	Weekly Pay: Starting _____ Ending _____
	State Job Title and Describe Your Work	Reason For Leaving _____
	Company Name (4)	Telephone _____
	Address	Employed <input type="checkbox"/> FT From: Month _____ Year _____ <input type="checkbox"/> PT TO Month _____ Year _____
	Name of Supervisor	Weekly Pay: Starting _____ Ending _____
	State Job Title and Describe Your Work	Reason For Leaving _____
	Company Name (5)	Telephone _____
	Address	Employed <input type="checkbox"/> FT From: Month _____ Year _____ <input type="checkbox"/> PT TO Month _____ Year _____
	Name of Supervisor	Weekly Pay: Starting _____ Ending _____
	State Job Title and Describe Your Work	Reason For Leaving _____
<p>We may contact the employers listed above unless you indicate those you do not want us to contact Do Not Contact Employer Numbers _____ (Please state reason/s below)</p>		

Authorization, Consent, Release Form

Consent, Release

Applicant acknowledges that St. James Mercy Health authorized representatives will be undertaking a detailed inquiry into Applicants professional competence, background, and qualifications to the extent necessary for the Applicant's application for employment to be considered fully. In order to aid the St. James Mercy Health in its investigation, applicant covenants and agrees as follows:

"I hereby release from liability all representatives of the hospital for their acts performed in connection with evaluating my application and my credentials and qualifications and I hereby release from any liability any and all individuals and organizations who provide information to the Hospital, concerning my professional competence, ethics, character, and other qualifications for employment and I hereby consent to the release of such information"

_____ date

_____ signature

Authorizations

I hereby authorize St. James Mercy Health to make inquiry of any of my current/former employers or reference sources concerning my professional competence, ethics, character, qualifications for employment or reasons for leaving. I hereby release you from any liability connected with the submission of the requested information.

_____ signature

Provisions of Employment

I hereby affirm that the information provided on this application form and/or any accompanying statements and/or attachments is true and complete to the best of my knowledge. I also agree that falsified information or omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I agree that the entire contents of this application form and/or any accompanying statements and/or attachments may be used by the company in whatever nature as may be required; and I understand that an offer of employment at St. James Mercy Health will be contingent upon satisfactory completion of all necessary criminal background investigations, post offer physical, post offer drug testing. I further understand that employment at St. James Mercy Health is offered at will and is also contingent upon proof of employment eligibility under immigration regulations. I further agree upon acceptance of employment to abide by and observe all rules and regulations of St. James Mercy Health.

_____, 20____ date

_____ signature

FAQ'S ON THE APPLICATION PROCESS

Where does my application go after I submit it to the Human Resources Department?

After receipt of your application the original is kept on file for six months. We forward a copy of your application to the supervisor(s) in the appropriate department(s) within 24 hours. If you are interested in more than one open position, you only need to fill out one application.

How long is the process of reviewing applications?

The supervisor(s) can take up to two - four weeks to review all the applications for a job that has been posted before making any decisions.

Should I anticipate an interview?

No, not every applicant is interviewed. Each application is reviewed by the supervisor(s) to determine the most qualified candidates to interview for the position. The supervisor(s) choose the applicants that they would like to interview, then either the supervisor(s) themselves or the HR secretary will contact you to schedule an interview.

What are some of the things that I can do to help ensure that my application isn't overlooked?

There are several things that you can do to help ensure that your application isn't overlooked:

1. **Completeness** of your application is a must. Be sure you have all of your contact information, and that each section is filled out completely.
2. **Neatness** will help when the supervisor(s) are looking through applications, your application should be legible.
3. **References** are essential on your application, be sure to include a past manager or supervisor. Professional references should not be only co-workers or friends.
4. Attach a **resume** with your application if possible, to provide additional information on yourself.

If you have any other questions please contact Human Resources at (607) 324-8744.

Article 23-A

Prohibiting Discrimination Based on Criminal Convictions

Article 23-A bars employers from taking an "adverse employment action" against any applicant based on a prior criminal conviction unless: (a) there is a "direct relationship" between one or more of the criminal convictions and the specific employment sought or held by the individual; or (b) granting or continuing employment would involve an "unreasonable risk" to property or to the safety or welfare of specific individuals or the general public.⁴ In making this determination, employers must consider the following eight factors:

1. The state public policy encouraging the employment of persons previously convicted of one or more criminal offenses;
2. The specific duties and responsibilities necessarily related to the employment sought or held by the person;
3. The bearing, if any, the criminal offense(s) will have on the person's fitness or ability to perform one or more such duties or responsibilities;
4. The amount of time that elapsed since the criminal offense(s);
5. The age of the person at the time of the criminal offense(s);
6. The seriousness of the criminal offense(s);
7. Any information produced by the person, or on his/her behalf, in regard to rehabilitation and good conduct; and
8. The legitimate interest of the employer in protecting property, and the safety and welfare of specific individuals or the general public.

AFFIRMATIVE ACTION SURVEY QUESTIONNAIRE

Invitation To Self-Identification Of Disabled And Veteran Status

St. James Mercy Hospital is committed to assuring equal opportunity in employment to persons with disabilities and veterans of the U.S. Armed Forces. As an employer and government contractor, St. James Mercy Hospital is subject Section 503 of the *Rehabilitation Act of 1973*, as amended, the *Vietnam Era Veterans Readjustment Assistance Act of 1974* (VEVRAA), and the *Veterans Employment Opportunities Act* (VEOA). Under these Acts, the Company is obligated to take affirmative action to employ and advance in employment qualified persons who are members of the above-named groups.

As part of its affirmative action program, St. James Mercy Hospital invites all employees who are persons who have a disability or are a veteran of the U.S. Armed Forces to identify themselves as such. Persons with disabilities are also invited to request any reasonable accommodations that may allow them to perform the essential functions of their jobs. Self-Identification and requests for accommodation may be made now or at any time in the future. Individuals who have submitted self-identification forms or accommodation requests in the past, and whose status has not changed, need not do so again.

Disclosure of this information is entirely voluntary. No adverse consequences will result from providing this information, or from refusing to provide it. Information provided as part of this self-identification process will be kept confidential, except that where a disability is identified, in accordance with federal law, the following personnel and officials will have access to it:

- Supervisors and other personnel who need to be informed in order to assess requests for and implement any necessary restrictions of work duties and/or necessary accommodations.
- Proper personnel, to the extent appropriate, if the disability might require emergency treatment.
- Government officials investigating compliance with the Americans with Disabilities Act or the laws administered by the Office of Federal Contract Compliance Programs.

The document will be maintained in a separate location unrelated to your application. We thank you in advance for your cooperation and response.

AFFIRMATIVE ACTION SURVEY QUESTIONNAIRE

Invitation To Self-Identify

The information requested on this form is required by various state and federal agencies. As an employer, we are required to keep these records on file for a period of two years. To assist us in complying with the various requirements, we ask that you complete and return this questionnaire when you submit your application. **Submission of the requested information is completely voluntary, however, and will have no bearing on your employment opportunities at St. James Mercy Hospital.**

The document will be maintained in a separate location unrelated to your application. We thank you in advance for your cooperation and response.

Name: _____	Date: _____
Position(s) applied for: _____	
I IDENTIFY MYSELF AS: <i>(Please Check One from Each Category)</i>	
■ Sex:	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
■ Race and/or National Origin:	
White	<input type="checkbox"/> <i>(Those individuals who originate from Europe, the Middle East, or North Africa) (Not Hispanic or Latino)</i>
Native Hawaiian or Pacific Islander	<input type="checkbox"/> <i>(Those individuals who originate from Hawaii, Guam, Samoa and other Pacific Islands) (Not Hispanic or Latino)</i>
Black or African American	<input type="checkbox"/> <i>(Those individuals who originate from any black racial groups in Africa) (Not Hispanic or Latino)</i>
American Indian or Alaska Native	<input type="checkbox"/> <i>(Include individuals having origins in any of the original peoples of North and South America –including Central America) (Not Hispanic or Latino)</i>
Hispanic	<input type="checkbox"/> <i>(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)</i>
Asian	<input type="checkbox"/> <i>(Those individuals who originate from the Far East, Southeast Asia, or the Indian Subcontinent such as Japan, Cambodia, china, India, Korea, Pakistan, Thailand, Malaysia, and Vietnam) (Not Hispanic or Latino)</i>
Two or More Races	<input type="checkbox"/> <i>(All persons who identify with more than one of the above five races)</i>
■ At this time, I prefer not to volunteer information about my gender or race.	<input type="checkbox"/>

Name: _____ Date: _____

Job Title: _____

I IDENTIFY MYSELF AS:
(Please Check One from Each Category)

■ **Veteran Status:**

Veteran of the Vietnam Era:

(Served on active duty for a period of more than 180 days between August 5, 1964 and May 7, 1975; and discharged with other than dishonorable discharge.)

Disabled Veteran:

(Discharged for service-connected disability during the Vietnam Era. Must be rated at 30-percent disabled by the Veterans Administration)

Other Protected Veteran:

(Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.)

Not A Qualified Veteran:

■ **Disabled Status:**

Physical Disability:

Mental Disability:

None:

I would like to request the following disability accommodation on my job:

At this time, I prefer not to volunteer information about my status as a veteran or any disabilities I may have. I understand that I can change my mind at any time in the future.