

Employment Application

Print Name _____

Date _____



**St. Claire Regional
Medical Center**

222 Medical Circle
Morehead, KY
(606) 783-6500
www.st-claire.org

Thank you for your interest in a career at St. Claire Regional Medical Center. To assist us in giving you every consideration for employment, please read the following information:

1. Be sure the back of your application is signed and dated.
2. Applications are accepted for any position; however, we only interview for current openings.
3. The Human Resource Department is open Monday—Friday, from 7:30 am to 5:30 pm.

For a current update on available positions, call our Job Line (606) 783-6580 or visit our website at www.st-claire.org.

Equal Opportunity Employer

In compliance with federal and state Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, ancestry or the presence of non-job-related medical conditions or disabilities.





St. Claire Regional Medical Center

The completion of this application and/or acceptance thereof does not indicate there are available positions and in no way obligates this hospital. The information contained herein will be regarded as confidential and is the property of SCR. This application will be retained for six months unless further contact is recorded.

PLEASE PRINT CLEARLY

EMPLOYMENT DESIRED - Position(s) applied for:

1. _____ Specific Area/Dept (optional) _____ Experience in position Yes No
 2. _____ Specific Area/Dept (optional) _____ Experience in position Yes No
- Full time Part time PRN Number of weekly hours desired _____

Indicate which days you can work _____ Can you work weekends? Yes No

Date Available _____ Earnings desired \$ _____ per _____

Shift of hours you can work: 1st (Day) _____ 2nd (Evening) _____ 3rd (Night) _____

Are you willing to work rotating shifts? Yes No Will you accept temporary work? Yes No

Have you worked for our Hospital before? Yes No If Yes, indicate date left _____

Reason for leaving SCR _____

REFERRAL

Referred by: _____ Advertisement (Which Newspaper?) _____

Employee Referral _____ Other _____

IDENTIFICATION

Last Name _____ First _____ M _____ Social Security# _____

Current Address _____ City _____ State _____ Zip _____

Former Address
if at Current less than 6 mos. _____ City _____ State _____ Zip _____

Length of Residence at Current address Yrs _____ mo(s) _____ Former address (if Current < 6 mos) Yrs _____ mo(s) _____

Other States Worked: _____

Home Telephone # (____) _____ Work/Business Tel.# (____) _____ Cell Phone # (____) _____

Email Address _____

PERSONAL

Are you under 18 years of age? Yes No

If hired, can you present documentation of your citizenship or your authorization to work in the United States? Yes No

Have you ever been discharged (fired) from a job? Yes No If Yes, give dates and explain circumstances: _____

Have you ever been convicted of a Misdemeanor Yes No Felony Yes No _____

Note: A conviction will not necessarily bar you from employment. Each conviction will be judged on its merits and consideration given to time, circumstances, and seriousness. If Yes, provide details including date and circumstances of each conviction. Use an additional sheet(s) if necessary.

PROFESSIONAL - Technical license/certification/registration:

Type _____ State ___ # _____ Date of First Issue _____ Date Expires(ed) _____
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Computer Software (Specify): _____

Check if you have any training with the following:

- Transcription 10-Key Calculator
 Medical Terminology Other

Typing Speed _____ **WPM** (With Accuracy)

NURSING APPLICANTS (List years and months of experience in each)

____ Yrs ____ mo(s) Med/Surg. ____ Yrs ____ mo(s) Psychiatry ____ Yrs ____ mo(s) Nursery
____ Yrs ____ mo(s) Labor & Delivery ____ Yrs ____ mo(s) Orthopedic ____ Yrs ____ mo(s) Emergency
____ Yrs ____ mo(s) Pediatric ____ Yrs ____ mo(s) Critical Care ____ Yrs ____ mo(s) Transitional Care
____ Yrs ____ mo(s) Gerontology ____ Yrs ____ mo(s) PACU ____ Yrs ____ mo(s) Other _____
____ Yrs ____ mo(s) Oncology ____ Yrs ____ mo(s) Telemetry
____ Yrs ____ mo(s) Long Term Care ____ Yrs ____ mo(s) Surgery

RADIOLOGY APPLICANTS (List years and months of experience in each)

____ Yrs ____ mo(s) Hospital & Rad Tech ____ Yrs ____ mo(s) MRI ____ Yrs ____ mo(s) Cardiac Cath
____ Yrs ____ mo(s) Clinic/Physician Office ____ Yrs ____ mo(s) Nuc Med ____ Yrs ____ mo(s) Special Procedures
____ Yrs ____ mo(s) CT ____ Yrs ____ mo(s) Echo ____ Yrs ____ mo(s) Other _____
____ Yrs ____ mo(s) Mammo ____ Yrs ____ mo(s) Ultrasound

EDUCATION

	Name and Location of School	No. of Yrs Completed	Did You Graduate?	Degree or Diploma
High School			YES NO	
Business/Trade/Tech.			YES NO	
College			YES NO	
Graduate			YES NO	

Are you currently enrolled in an Educational Program? Yes No

If Yes, give Program and progress information:

REFERENCES - Indicate names of persons we may contact to verify your qualifications for the position

Name _____ **Occupation** _____ **Organization** _____

Phone _____ **Address** _____ **Yrs Known** _____

Name _____ **Occupation** _____ **Organization** _____

Phone _____ **Address** _____ **Yrs Known** _____

Name _____ **Occupation** _____ **Organization** _____

Phone _____ **Address** _____ **Yrs Known** _____

EMPLOYMENT HISTORY - List below your employment history beginning with your **most recent employer**.

May we contact your present employer for an employment reference? Yes No If Yes, initial here _____

Employer _____ From _____ month/yr To _____ month/yr

Phone _____ Street Address _____ City _____ State _____ Zip _____

Job Title _____ Starting Salary \$ _____ Ending \$ _____

Duties _____

Name and title of immediate supervisor _____ Phone (____) _____

Reason for leaving _____

Employer _____ From _____ month/yr To _____ month/yr

Phone _____ Street Address _____ City _____ State _____ Zip _____

Job Title _____ Starting Salary \$ _____ Ending \$ _____

Duties _____

Name and title of immediate supervisor _____ Phone (____) _____

Reason for leaving _____

Employer _____ From _____ month/yr To _____ month/yr

Phone _____ Street Address _____ City _____ State _____ Zip _____

Job Title _____ Starting Salary \$ _____ Ending \$ _____

Duties _____

Name and title of immediate supervisor _____ Phone (____) _____

Reason for leaving _____

Employer _____ From _____ month/yr To _____ month/yr

Phone _____ Street Address _____ City _____ State _____ Zip _____

Job Title _____ Starting Salary \$ _____ Ending \$ _____

Duties _____

Name and title of immediate supervisor _____ Phone (____) _____

Reason for leaving _____

Please list any other names you have been know by or worked under (example: Nickname, Maiden or Married name)

Name: _____ From _____ to _____

Name: _____ From _____ to _____

Name: _____ From _____ to _____

WRITTEN INTERVIEW

MISSION

1. The Mission of St. Claire: **"to proclaim God's goodness through a healing ministry to the people of Eastern KY."**
After reading our mission statement , if employed how do you think you could contribute to the service and ministry of St. Claire?

CORE VALUES

2. St. Claire's CORE VALUES are: *Dignity, Compassion, Excellence, Commitment, and Collaboration (teamwork)* Which of the above Core Values best describes you personally? (please explain)

PAST EMPLOYMENT

3. If we were to talk with one of your former supervisors/managers how would he/she describe you as an employee? (please explain)

5. Have you been a member of a work group or team before? If yes, please give examples of your contributions.

AUTHORIZATION

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge. Incomplete and/or inaccurate information constitutes falsification of this application. I hereby grant the hospital permission to verify such answers and further understand that any false statement on this application may result in rejection of the application, or my dismissal if such false statement is discovered subsequent to my employment. An extended offer of employment is contingent upon my willingness to undergo a physical examination and/or the associated examination and tests that may be prescribed by SCR. I recognize just as I am free to leave my employment at will, the hospital retains the right to terminate my employment at will. I agree to provide any additional information required for the Hospital's records and to comply with all hospital policies, rules, and regulations. I understand that neither this application, the Employee Handbook, nor any other document or oral representation shall be construed to modify the at-will employment relationship. I understand that my status as an at-will employee will not change during the period of employment.

NOTICE TO APPLICANTS

St. Claire Regional is firmly committed to maintaining a drug-free work place. Consistent with that objective, we require all applicants accepted for employment to submit to a drug test as part of our post offer/pre-employment physical examination process. Please be advised that all offers of employment are contingent upon the satisfactory completion of our physical examination process which includes the satisfactory results of a drug screening test. All applicants who are considered for employment will be required to sign a Drug Screening Agreement Authorizing SCR to have its designated laboratory perform the drug screening test. **Applicants who refuse to sign the Agreement will not be considered for employment.** Those applicants who test positive for drug usage will be denied employment at SCR.

DRUG SCREENING AGREEMENT

I understand and agree that any offer of employment to me by St. Claire Regional is contingent upon the outcome of drug testing, to be arranged at the Hospital's expense. I agree to supply a specimen of my urine for analysis as part of the Hospital's drug screening program. I understand that if I fail to pass the pre-employment drug screen, e.g., if my urine specimen is positive for controlled substances or if my urine specimen shows any evidence of adulteration or substitution, I will be disqualified from further employment consideration with St. Claire Regional. I further understand and agree that my failure or refusal to sign this Drug Screening Agreement or failure to provide said specimen for analysis at the time requested will also disqualify me from further employment consideration with St. Claire Regional. I further understand that if I am a registered nurse and I fail to pass the pre-employment drug screen, I hereby authorize the results of this failed test to be given to the Kentucky Board of Nursing.

ORGANIZATIONAL INTEGRITY STANDARDS

St. Claire Regional Medical Center has a commitment to a healing ministry to the people of the area, to compliance with laws, regulations, standards of care, and ethical business practices. Our Organizational Integrity Standards ensure that SCR is in compliance with all of its policies and procedures and all applicable federal and state laws and regulations. The Integrity Standards apply to all employees and all who serve at St. Claire, each of whom has a right and a duty to report any violations of these Standards and to do so without fear of retaliation. All St. Claire employees are obligated as a condition of their employment to support and demonstrate full compliance with and commitment to our Organizational Integrity Standards.

DISCLOSURE

NOTE: If offered employment by St. Claire Regional, the information which you provide is in no way intended to nor should it impact or affect your eligibility to participate in any health care, insurance, or retirement benefits which may be offered by St. Claire Regional. If you have any questions regarding the information, which you are being asked to provide, please ask a Human Resources representative for clarification.

- 1) Have you ever been investigated or suspended by any licensing board? Yes No
- 2) Are you being investigated now or is an investigation pending? Yes No
- 3) Have you ever been sanctioned or excluded from participating in any private, Federal, or state health insurance program (for example: Medicare, Medicaid, and Champus)? Yes No

If you answered "Yes" to any of these questions, please provide full explanation regarding the action(s) including dates. Use the back of this sheet and/or additional sheets if necessary.

NOTICE: All applicants are subject to a background data base search using the Fraud & Abuse Control and Information System (FACIS) prior to and/or after hiring. If you are applying to St. Claire Regional Medical Center, we are required by law to make a Criminal Conviction check prior to placement in a direct care position.

APPLICANT AUTHORIZATION

To Whom It May Concern: I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I agree that a photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application, which I sign. I further authorize all past employers, persons, institutions, organizations, companies and all references to furnish all pertinent information known to them about me, whether of record or not, concerning my ability, character, reputation and previous employment record. I release all such persons and parties from any liability or damages whatsoever incurred for issuing such information.

I understand that conditions may require me to work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or administrator of this organization.

APPLICATIONS THAT ARE NOT COMPLETELY FILLED OUT WILL NOT BE CONSIDERED.

All qualified applications will receive consideration without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

Please read carefully and make sure your application is complete before signing below:

Signature _____ Printed Name: _____ DATE _____