

Human Resources

Application for Employment

480 South Batavia St. • Orange, CA 92868-3998
 Phone (714) 633-8121 • Fax (714) 744-3164



Name (Last, First, Middle)

The four core values of the Sisters of St. Joseph are the guiding principles that enable us to achieve our Mission. Each of us is committed to these values and we work to make them present in our relationships with each other and with those we are privileged to serve. Our values continue a tradition of excellence.

Dignity

We respect each person as an inherently valuable member of the human community and as a unique expression of life.

Excellence

We foster personal and professional development accountability, innovation, teamwork, and commitment to quality.

Service

We bring together people who recognize that every interaction is a unique opportunity to serve one another, the community, and society.

Justice

We advocate for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all person.

APPLICANT ID:
FOR OFFICE USE ONLY

Name (Last, First, Middle)

Date

Other names used in past employment (For reference purposes)

Social Security Number

Street Address

Home Phone

Cell Phone/Message

City, State, Zip

E-mail Address

Job Title

Req. #

Date Available

Salary Expected

WHAT TYPE OF SCHEDULE CAN YOU WORK?		PLEASE INDICATE THE SHIFTS YOU CAN WORK?	
<input type="checkbox"/> Regular full-time	<input type="checkbox"/> Per Diem	<input type="checkbox"/> Days	<input type="checkbox"/> Weekends
<input type="checkbox"/> Regular part-time	<input type="checkbox"/> Temporary	<input type="checkbox"/> PM	<input type="checkbox"/> Other/Varied
<input type="checkbox"/> Part-time	<input type="checkbox"/> On-Call	<input type="checkbox"/> Nights	

Have you previously been employed by a St. Joseph Health System Facility, including this Facility?
 YES NO

From To

Name of Facility

Department & Position

Do you have any relatives employed at Sisters of St. Joseph or Taller San Jose?
 YES NO

Name of Relative

Relationship

Name of Relative

Relationship

Have you ever applied at Sisters of St. Joseph or Taller San Jose before?
 YES NO Where? When?

Policy on Non Discrimination: We will not engage in discriminatory practices against any person employed or seeking employment because of actual or perceived race, color, religion, marital status, national origin, ancestry, physical or mental disability, genetic characteristic, gender, sexual orientation, age, or veteran's status.

Employment Record
(MUST BE FILLED IN – DO NOT WRITE
“See Resume”)

Name (Last, First, Middle)

LIST PRESENT OR MOST RECENT EMPLOYER FIRST, INCLUDE ALL EMPLOYMENT, MILITARY SERVICE, AND VOLUNTEER SERVICE					
Employer's Name			Phone Number		
Address			City, State, Zip Code		
Job Title			Dates Employed		
Supervisor's Name		Supervisor's Title	From:	To:	Total Time:
Nature of Duties			Mo. Yr.	Mo. Yr.	
			Salary		
Reason for Leaving		Start \$	End \$	<input type="checkbox"/> FULL TIME	
		<input type="checkbox"/> HR	<input type="checkbox"/> HR	<input type="checkbox"/> PART TIME	
		<input type="checkbox"/> WK	<input type="checkbox"/> WK	#	
		<input type="checkbox"/> MO	<input type="checkbox"/> MO	HOURS/WEEK	

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Employer's Name			Phone Number		
Address			City, State, Zip Code		
Job Title			Dates Employed		
Supervisor's Name		Supervisor's Title	From:	To:	Total Time:
Nature of Duties			Mo. Yr.	Mo. Yr.	
			Salary		
Reason for Leaving		Start \$	End \$	<input type="checkbox"/> FULL TIME	
		<input type="checkbox"/> HR	<input type="checkbox"/> HR	<input type="checkbox"/> PART TIME	
		<input type="checkbox"/> WK	<input type="checkbox"/> WK	#	
		<input type="checkbox"/> MO	<input type="checkbox"/> MO	HOURS/WEEK	

Employer's Name			Phone Number		
Address			City, State, Zip Code		
Job Title			Dates Employed		
Supervisor's Name		Supervisor's Title	From:	To:	Total Time:
Nature of Duties			Mo. Yr.	Mo. Yr.	
			Salary		
Reason for Leaving		Start \$	End \$	<input type="checkbox"/> FULL TIME	
		<input type="checkbox"/> HR	<input type="checkbox"/> HR	<input type="checkbox"/> PART TIME	
		<input type="checkbox"/> WK	<input type="checkbox"/> WK	#	
		<input type="checkbox"/> MO	<input type="checkbox"/> MO	HOURS/WEEK	

Employer's Name			Phone Number		
Address			City, State, Zip Code		
Job Title			Dates Employed		
Supervisor's Name		Supervisor's Title	From:	To:	Total Time:
Nature of Duties			Mo. Yr.	Mo. Yr.	
			Salary		
Reason for Leaving		Start \$	End \$	<input type="checkbox"/> FULL TIME	
		<input type="checkbox"/> HR	<input type="checkbox"/> HR	<input type="checkbox"/> PART TIME	
		<input type="checkbox"/> WK	<input type="checkbox"/> WK	#	
		<input type="checkbox"/> MO	<input type="checkbox"/> MO	HOURS/WEEK	

IF YOU HAVE ADDITIONAL INFORMATION PLEASE ATTACH A SEPARATE SHEET OF PAPER.

Education

**(MUST BE FILLED IN – DO NOT WRITE
“See Resume”)**

Name (Last, First, Middle)

TYPE OF SCHOOL	NAME AND LOCATION	DATES ATTENDED	GRADUATE?	CERTIFICATE (MAJOR DEGREE)
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
POST-GRADUATE STUDIES				
BUSINESS/TRADE SCHOOL				
OTHER				

Licenses and Certificates	License Number	State	Expiration Date

Professional Affiliations

JOB RELATED SKILLS		
<input type="checkbox"/> Key Board ___ wpm <input type="checkbox"/> Dictaphone <input type="checkbox"/> ICD-9, CST Coding	<input type="checkbox"/> Touch Method (10key add) <input type="checkbox"/> Shorthand/Speed Writing <input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Computer/Software ____

OTHER JOB RELATED SKILLS (Language, Clinical, Technical, or Special Training)
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Do you have any restriction on the days of the week you can work? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, explain.
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If hired, can you perform any or all essential functions of the job Applied for, with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, explain.
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Note: Although you may be employed for a particular position or shift, it may be necessary for you to accept different assignments, work schedules, or working hours. We hope to minimize any inconvenience to employees, but recognize that our main goal is to provide high quality services to all patients/customers at all times.

Additional Information

Name (Last, First, Middle)

Can you, after offer of employment, submit verification of your legal right to work in the United States?

YES NO

If No, explain.

Are you under the age of 18? YES NO

Have you been convicted of a misdemeanor or felony? (A conviction may be relevant if job-related, but does not necessarily bar you from Employment.)

YES NO

If yes, state circumstances, place(s), date(s).

Have you been sanctioned by an enforcement agency for health care fraud or violation of health care regulation(s)?

YES NO

If Yes, explain.

How did you hear of our Health System or this position?

<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Employee Referral _____	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Internet
<input type="checkbox"/> Publication _____	<input type="checkbox"/> School _____	<input type="checkbox"/> Self	<input type="checkbox"/> Other _____

I give my permission for this application to be shared with any other Sisters of St. Joseph entity.

YES NO

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS:

I certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Sisters of St. Joseph unless I have indicated otherwise. I authorize the references listed above to provide to Sisters of St. Joseph any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Sisters of St. Joseph as well as from the use of disclosure of such information by Sisters of St. Joseph or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

Initial _____

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the U.S. Offers of employment are also conditioned on Sisters of St. Joseph's receipt of satisfactory responses to reference requests, background checks and the satisfactory completion of a post-offer medical evaluation including a drug test.

Initial _____

In consideration of my employment, I agree to conform to the rules and standards of Sisters of St. Joseph and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice at any time, either at my option or at the option of the facility. I understand that no employee or representative of the facility other than its President/CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President/CEO of the facility may not alter the 'at will' nature of the employment relationship or enter into any employment agreement for a specified time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

Initial _____

Signature of Applicant

Date