

EMPLOYMENT APPLICATION



Personal Information			
Candidate:		Date of Application:	
Position:			
Main Phone:		Alternate Phone:	
Address:			
Email:			

Core Questions
Please enter the name of the specific source where you learned about this position.
Have you ever been interviewed for a position at Santé Health System in the past? If so, for what and when?
What is your highest level of completed education?
How many years of experience do you have in a similar position?
Are you at least 18 years of age or older?
Are you legally authorized to work in the United States without sponsorship?
As a condition of employment, are you willing to submit a background check, drug screen, and/or motor vehicle record check, if applicable?
Do you use tobacco products?
Are you currently employed?
If you answered YES, why are you seeking a new position? If you answered NO, why did you leave your last position?
If offered employment with our company, how much notice do you need to provide your current employer?
What is your salary requirement?

Education				
Institution:		Institution Type:		
Location:		Start Date:		Completion Date:
Degree:		Overall GPA:		
Major:				
Notes:				

Employment History		
Employer:		
Job Title:		
Duties:		
Reason for Leaving:		
Dates of Employment:	<i>From:</i>	<i>To:</i>
Supervisor:		
May we contact?		

Employer:		
Job Title:		
Duties:		
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Supervisor:		
May we contact?		

US Military Experience		
Branch of Service:		Years in Service:
Rank at Discharge:		
Highest Rank Attained:		Are you currently in the reserves?
Additional Information:		

Skills			
Skill:			
Last Used:		Skill Level:	Years of Experience:
Skill Summary:			

Skill:			
Last Used:		Skill Level:	Years of Experience:
Skill Summary:			

Licenses and Certificates			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			

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Geographic Area:		Certification Date:	
Additional:			

Work Schedule	
Day	Hours Available for Work
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Drivers License Information			
Name:		Drivers License #:	
Expiration Date:		State Issued:	
License Type:		Class:	
Endorsements:			

References			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			

Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			

Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			

Additional Information

Please read carefully before signing.

Santé Health System is an Equal Opportunity Employer. All applicants and employees are considered for employment, development, advancement and earnings based upon their skills, performance and potential without regard to race, color, religion, sex, national origin, age, physical or mental disability, ancestry, sexual orientation, marital status, medical condition, genetic information or any other basis protected by law.

I understand that the information I provide in this application must be complete and accurate to the best of my knowledge. I realize that falsification and/or incomplete information may jeopardize my employment now or in the future. Santé Health System or its agents may seek to verify this information and make inquiries by securing a consumer investigative report concerning my character, employment experience, education, and community standing. I further understand that if this information results in my dismissal that the nature and scope of these reports may be secured directly from the supplier of such information. I hereby authorize any previous employer to release to Santé Health System relevant information such as my work habits, performance, attendance, and reason for leaving. In addition, I understand that as part of the post-offer, pre-employment process that a drug test and criminal background search conducted consistent with federal and state law is required.

I agree to conform to the rules and regulations of Santé, and understand that my employment is considered “at will” and can be terminated at any time with or without notice and with or without cause. Santé reserves the right to make changes in an employee’s position, title, job responsibilities and/or compensation level at any time, at its sole discretion, with or without cause or notice. I further understand that no manager, supervisor, or representative of Santé Health System has any authority to enter into agreement contrary to the foregoing, other than in writing by the Chief Executive Officer of Santé Health System.

Print Name:

Signature:

Date: