



Application for Employment

Personnel Department
 401 W. Glynn Drive
 Parkston, SD 57366

Caring Together...Caring for Life
 Sponsored by the Benedictine Sisters

605-928-3311

Mission

In keeping with the Gospel values and traditions of our Catholic Sponsors, The Benedictine and Presentation sisters, it is the mission of Avera St. Benedict Health Center to provide a lifetime of care and to promote the communities it serves.

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

This facility is an equal opportunity employer. Employment, educational opportunities and promotions in all job classifications are without regard to race, color, creed, sex, age, national origin, religion, disability or military status.

PERSONAL

Name: First	Middle	Last	Social Security Number
Address: Street	City	State	Zip Code
Telephone Number			
Position Applied For			Date Available for Employment
1. 2.			
Type of Employment Interested In			Specify Days and Hours (if Part Time)
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			

PROFESSIONAL

CURRENT	License (Type)	Year	State	Number
List Areas of Experience in Your Profession.				

VOLUNTEER

List Areas of Experience From Volunteer Assignments.

EDUCATIONAL DATA

TYPE	NAME OF SCHOOL	ADDRESS	DID YOU GRADUATE	TYPE OF DEGREE	FIELD OF STUDY
High School					
Business Schools					
Vocational					
Correspondence					
College or University					

EMPLOYMENT HISTORY

Present or Last Employer	Your Title	Last Salary	Reason for Leaving
Address: Street City State Zip	Duties	Date Began: Mo. Yr.	
Supervisor		Date Left: Mo. Yr.	
Phone No.			
Previous Employer	Your Title	Last Salary	Reason for Leaving
Address: Street City State Zip	Duties	Date Began: Mo. Yr.	
Supervisor		Date Left: Mo. Yr.	
Phone No.			
Previous Employer	Your Title	Last Salary	Reason for Leaving
Address: Street City State Zip	Duties	Date Began: Mo. Yr.	
Supervisor		Date Left: Mo. Yr.	
Phone No.			
Previous Employer	Your Title	Last Salary	Reason for Leaving
Address: Street City State Zip	Duties	Date Began: Mo. Yr.	
Supervisor		Date Left: Mo. Yr.	
Phone No.			
For Reference Purposes: Is your educational or employment history listed under another name?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what? _____			

Explain any unemployment periods of two months or more. _____

REFERENCES

SCHOOL OR PERSONAL REFERENCES WHICH WE MAY CONTACT (do not list relatives)

Name	Address	Occupation
	Phone No.	
Name	Address	Occupation
	Phone No.	
Name	Address	Occupation
	Phone No.	

GENERAL INFORMATION

Who referred you to this facility?

Employee (name)
 School Counselor
 Friend or Relative
 Walk In
 Advertisement, Newspaper or Journal
 Previously employed by Avera Health
 Dates employed: _____

Have you ever been convicted of a felony?

Yes
 No
 If yes, please explain: _____

SMOKING AND DRUG FREE WORKPLACE

Our policy is to promote and provide a safe and healthy environment for our patients, residents, employees, physicians, students, volunteers and visitors. Therefore, we discourage the use of all tobacco products and regulate smoking within our facility. Additionally we prohibit the use of illegal drugs.

Check one:

I smoke
 I do not smoke

If employed, will you uphold the hospital smoking policy?
 Yes
 No

If employed, will you uphold the drug free workplace policy?
 Yes
 No

An application blank may make it difficult for you to adequately summarize your background. To assist us in finding the proper position for you with this Facility use the space below to summarize any additional information necessary to describe your full qualifications for employment or future promotion. You may also include a copy of your resume.

APPLICANT'S STATEMENT

I hereby give Avera St. Benedict Health Center the right to investigate my past employment, education and activities. I release from all liability all persons, companies and corporations who supply such information. I indemnify Avera St. Benedict Health Center against liability that might result from such an investigation. I understand that any false answer or statements or implications I might make in this application or in any other required document shall be considered sufficient cause to deny employment or for discharge if already employed. I agree to transfer departments or units and rotate shifts as deemed necessary by Avera St. Benedict Health Center.

I also understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between Avera St. Benedict Health Center and myself for employment or for any benefit. I have received no promise regarding employment, and I understand that no such guarantee is binding on Avera St. Benedict Health Center unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Avera St. Benedict Health Center has a similar right. My application may be referred to other Avera Health facilities.

If hired at Avera St. Benedict Health Center, prior to my first day of work I will be required to verify that I am either a U.S. citizen or a legal resident foreign national.

Date _____ Applicant's Signature _____

IN ORDER TO BE CONSIDERED FOR POSITIONS AFTER 6 MONTHS FROM THE DATE OF APPLICATION, A NEW FORM MUST BE SUBMITTED.

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewed by:				Date:
Starting Date	Salary	Department	Position	Hours Per Pay Period

An Equal Opportunity Employer



Date _____ Position(s) Applied For _____

EMPLOYEE SELF IDENTIFICATION FOR AFFIRMATIVE ACTION PROGRAMS:

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability.

We comply with government regulations and affirmative action responsibilities. To help us comply with government record keeping and reporting requirements, please fill out the appropriate information. We appreciate your cooperation. Completion of this form is voluntary and the information provided will not be used or reviewed as part of your employment application.

Please Print

Name _____
First Middle Last

Address _____
Street City State Zip

Phone _____

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. **Submission of any information is voluntary.**

Check One:

Male Female

Check One: Race/Ethnic Group

White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the Following Apply:

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).

AUTHORIZATION

I hereby authorize my prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcripts and, if available, faculty appraisals.

Applicant Signature _____ Date _____

Confidential Employee Reference Check

To _____

Address _____

City _____ State _____ Zip _____

RE: _____
Last First Maiden Social Security No.

We are considering the above applicant for employment with us as a(n) _____

We would appreciate your completing the following questions and returning this form to us in the self-addressed stamped envelope at your earliest convenience. Any comments you make will be treated in the strictest confidence. THANK YOU!

PLEASE RATE APPLICANT BELOW (WITH "X" IN APPROPRIATE COLUMN)

	Excellent	Good	Adequate	Poor	Comments
Attendance					
Cooperation, Flexibility, Initiative					
Effective Utilization of Time					
Interpersonal/Guest Relations					
Quality of Work					
Quantity of Work					
Technical Ability					
Overall Performance					

Date of Employment: From _____ To _____

Last Position Title: _____ Final Wage _____

Reason for Leaving: _____

Would you rehire him/her? Yes No If no, explain _____

Additional remarks: _____

Date _____ Signature _____ Title _____

Please return to:
Avera St. Benedict Health Center
Attn: Human Resources
401 W. Glynn Drive
Parkston, SD 57366