



EMPLOYMENT APPLICATION

Thank you for your interest in St. Camillus Health Center. We are an equal opportunity employer with respect for our employees. Please print clearly and complete this application in its entirety.

NAME	() -
CURRENT ADDRESS	CITY, STATE, ZIP CODE
NUMBER OF YEARS HERE	SOCIAL SECURITY #
PREVIOUS ADDRESS	CITY, STATE, ZIP CODE
EMERGENCY CONTACT & RELATIONSHIP	PHONE #

Please circle yes or no below:

If under 16 years of age, do you have a work permit?	Yes	No
If you are not a U.S. citizen, do you have the right to work in the U.S.?	Yes	No
Have you ever applied for employment at St. Camillus?	Yes	No
Have you been previously employed by St. Camillus?	Yes	No
If yes, give dates and briefly describe job you performed.	/ / - / / Dates from - to	

Brief description of job performed: _____

Reason for leaving: _____

Position you are applying for: _____

Please circle all that apply below:

Shift you can work:	Day	Evening	Night	Weekends
Shift you prefer to work:	Day	Evening	Night	Weekends
Date you can start: ___/___/___	On-Call	Per Diem	Part Time	Full Time

Education:

Circle one below if completed with degree or certification:

	<u>Degree</u>	
High School or equivalent	Yes No	Last grade completed _____
College	Yes No	Last grade completed _____
Vocational or trade school	Yes No	Last grade completed _____
Other related training?	Yes No	Last grade completed _____

Where? _____

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Work experience (beginning with your most recent and working back, list all jobs)

Company name & address _____

Phone () - _____
Brief job description _____

Employment dates from/to _____
Reason for leaving _____
OK to contact? (circle one) Yes No

Company name & address _____

Phone () - _____
Brief job description _____

Employment dates from/to _____
Reason for leaving _____
OK to contact? (circle one) Yes No

Company name & address _____

Phone () - _____
Brief job description _____

Employment dates from/to _____
Reason for leaving _____
OK to contact? (circle one) Yes No

Personal references (no relatives or employers)

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By my signature below, I attest that the facts set forth in this application are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for termination.

SIGNATURE _____ DATE _____

****DO NOT WRITE BELOW THIS LINE****

Interviewer _____ Date _____

Comments _____

Reference check results _____

