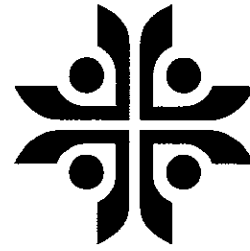


APPLICATION FOR EMPLOYMENT

Name (Last, First, Middle)

Covenant Health System



The four core values of Covenant Health System are the guiding principles that enable us to achieve our Mission. Each of us is committed to these values and 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 persons.

Name (Last, First, Middle)	Date
Other Names Used in Past Employment (For Reference Purposes)	Social Security Number
Street Address	Home Telephone ()
City, State, Zip	Business/Message Telephone ()

Position Desired	Requisition Number	Date Available	Salary Expected
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Previously employed by Covenant Health System (St. Mary or Methodist)? <input type="checkbox"/> YES <input type="checkbox"/> NO	FROM YR TO YR	Name of Facility	Department	Position
Do you have any relatives employed by a St. Joseph Health System Facility or Covenant Health System? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name of Facility	Department	Position

POLICY ON NONDISCRIMINATION: We will not engage in discriminatory practices in violation of applicable laws against any person employed or seeking employment because of race, color, religion, marital status, national origin, physical or mental disability, gender, sexual orientation, or age.

EMPLOYMENT RECORD

INSTRUCTIONS: List *present* or *most recent* employer first. Include all employment, registry, temporary, military or volunteer service, including positions which may not relate to the jobs for which you are applying.

FROM	TO	Company	Telephone No. ()
MO	YR	MO	YR
Street Address, City, State, Zip			
SALARY			
START	FINAL	Supervisor's Name	Supervisor's Title
			May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving			
Title		Status F/T <input type="checkbox"/> P/T <input type="checkbox"/> ON-CALL <input type="checkbox"/>	Shift DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/>
Duties			

FROM	TO	Company	Telephone No. ()
MO	YR	MO	YR
Street Address, City, State, Zip			
SALARY			
START	FINAL	Supervisor's Name	Supervisor's Title
			May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving			
Title		Status F/T <input type="checkbox"/> P/T <input type="checkbox"/> ON-CALL <input type="checkbox"/>	Shift DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/>
Duties			

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Duties			

FROM	TO	Company	Telephone No. ()
MO	YR	MO	YR
Street Address, City, State, Zip			
SALARY			
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			May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving			
Title		Status F/T <input type="checkbox"/> P/T <input type="checkbox"/> ON-CALL <input type="checkbox"/>	Shift DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/>
Duties			

EDUCATION

NAME OF HIGH SCHOOL	LOCATION	HIGH SCHOOL GRADUATE	HIGH SCHOOL EQUIVALENCY	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF COLLEGE	LOCATION	MAJOR	DEGREE	Date Received
NAME OF COLLEGE	LOCATION	MAJOR	DEGREE	
NAME OF COLLEGE	LOCATION	MAJOR	DEGREE	
TECHNICAL OR PROFESSIONAL SCHOOLS	LOCATION	MAJOR	DEGREE	
TECHNICAL OR PROFESSIONAL SCHOOLS	LOCATION	MAJOR	DEGREE	
LICENSES AND CERTIFICATES		LICENSE NO	STATE	EXPIRATION DATE
PROFESSIONAL AFFILIATIONS				

JOB RELATED SKILLS <input type="checkbox"/> KEY BOARD <input type="checkbox"/> TOUCH METHOD 10-KEY ADD <input type="checkbox"/> SHORTHAND/SPEED WRITING wpm <input type="checkbox"/> COMPUTER - SOFTWARE _____ <input type="checkbox"/> ICD-9, CPT CODING <input type="checkbox"/> DICTAPHONE _____ <input type="checkbox"/> MEDICAL TERMINOLOGY		
OTHER JOB RELATED SKILLS (LANGUAGE, CLINICAL, TECHNICAL, OR SPECIAL TRAINING)		

OUR FULL-TIME WORK SCHEDULE IS A 40 HOUR WORK WEEK	
What type of schedule can you work? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (less than 40 hours) <input type="checkbox"/> On-call	Please indicate shifts you can work <input type="checkbox"/> Days <input type="checkbox"/> Weekends <input type="checkbox"/> Evening <input type="checkbox"/> Other/Varied <input type="checkbox"/> Nights
DO YOU HAVE ANY RESTRICTION ON THE DAYS OF THE WEEK OR HOURS YOU CAN WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, explain.	

NOTE: Although you may be employed for a particular position and 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

Do you have the legal right to work in the United States	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, explain	
Are you under the age of 18?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been convicted of a misdemeanor or felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(A conviction may be relevant if job-related, but does not necessarily bar you from employment)	
If YES, state circumstances, place(s), date(s)	
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 _____	
<p>COVENANT HEALTH SYSTEM IS MOVING TOWARD A TOBACCO FREE ENVIRONMENT EFFECTIVE JULY 1, 2002.</p>	

<p>PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS:</p>	
<p>I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on my application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of employment. I hereby authorize Covenant Health System to make any investigation of my background deemed necessary</p>	_____ INITIAL
<p>I further authorize the companies and schools previously listed, unless otherwise indicated, to give all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to this facility. Offers of employment are conditioned on the receipt of satisfactory responses to reference requests</p>	_____ INITIAL
<p>I understand that my employment is pending satisfactory results of a post-offer, pre-employment health screen, including drug testing, background investigation, and satisfactory proof of identity and legal authority to work in the United States.</p>	_____ INITIAL
<p>In consideration of my employment, I agree to conform to the rules and standards of Covenant Health System as amended from time to time 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 or Vice President of Human Resources, 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 or Vice President of Human Resources 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/CEO or Vice President of Human Resources 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</p>	_____ INITIAL
SIGNATURE OF APPLICANT	DATE

A MEMBER OF THE ST. JOSEPH HEALTH SYSTEM FAMILY

NOTICE OF AND CONSENT TO BACKGROUND INVESTIGATION

NOTICE: Covenant Health System and/or its affiliates intends to conduct an investigation, and or obtain from a consumer reporting agency information concerning your character, general reputation (including criminal records), personal characteristics, and mode of living for the purpose of determining your eligibility for employment or continued employment. By your signature below you are affirmatively authorizing Covenant Health System and/or its affiliates to request and use your report for employment purposes.

CONSENT: I hereby authorize Covenant Health System and/or its affiliates to request and obtain a report on me as described above for purposes of evaluating my qualification for employment and/or continued employment. I also understand that if a report from a consumer reporting agency is the basis for an adverse employment action, I can be furnished a copy of the report and such additional information as may be required by the law. This authorization shall remain valid until I furnish Covenant Health System a written notice of revocation.

Applicant Signature

Date

Printed Name of Applicant