



One Amalia Drive Buckhannon, WV 26201
(304) 473-2000 www.stj.net

Instructions to the Job Applicant

Thank you for considering St. Joseph's Hospital as a place of future employment. To assist us in processing your application, please read and follow the instructions below when completing your application for employment.

1. Neatly print or type all information
2. Complete all information on the application. If an item is not applicable to you, please place NA in the space provided. Please do not leave blanks.
3. Provide complete addresses and telephone numbers for all previous employers and professional references. Your application cannot be processed without this information.
4. Read the job applicant's agreement and certification on the back of the application.
5. Sign and date the application at the bottom of the last page.
6. Sign and date the Reference Verification Authorization.

St. Joseph's Hospital of Buckhannon, Inc. is an equal opportunity employer. Prospective employment applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin or any other legally protected status. Applicants will not be discriminated against on the basis of disability.

ST. JOSEPH'S HOSPITAL IS PROUD TO BE A DRUG-FREE WORKPLACE AND TOBACCO-FREE CAMPUS.

Application for Employment

Last Name		First Name		Middle Name	
Address			City	State	Zip Code
Telephone Number			Alternate Phone Number		
E-mail Address:					

Position(s) applying for:		Date of Application:	
Preferred Status (please check all that apply): <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> PRN <input type="radio"/> Temporary		Preferred Shift (please check all that apply): <input type="radio"/> Day Shift <input type="radio"/> Evening Shift <input type="radio"/> Night Shift <input type="radio"/> Weekends	
Date Available for Work:		Desired salary range:	

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

What was your name when you were employed previously? _____

Do any of your friends or relatives work here? Yes No
 If yes, please state name and relationship to you: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been listed by a federal agency as sanctioned, suspended or barred from participation in Federal Healthcare Programs such as Medicare, Medicaid or any other governmental program? Yes No

Have you ever been convicted of a felony within the past 10 years? Yes No
 If yes, please explain: _____

Have you ever been charged with any wrongdoing by or to any licensing or professional agency (e.g. State Medical Board, Nursing Board)? Yes No
 If yes, please explain: _____

Education				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Work Experience
Start with your present or last job. Include any job-related military service assignments and voluntary activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protested status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently on "lay-off" status and subject to recall?

Yes No

Did you work under a different name for any previous employer?

Yes No

Please list: _____

Comments: (include explanation of any gaps in employment)

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

List professional, trade, business or civic activities and offices held:

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Specialized Skills: (please check all that apply)

_____ Multi-line Phone _____ Excel Spreadsheet _____ Microsoft Word _____ Basic Keyboarding Skills
_____ BLS _____ NALS _____ PALS _____ AWONN

State any additional information you feel may be helpful to us in considering your application:

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities in such a job or occupation has been given. Yes No

Professional References: *DO NOT LIST RELATIVES.* Please include only past supervisors, subordinates, peers or others that can attest to your work performance.

Name	Occupation	Physical Address and/or E-mail Address	Telephone Number

Licensure/Registration:

State Licensed	License Number	State Registration	Registration Number	Date Received	Date Renewed	Exam or Reciprocity

For clinical jobs: Do you possess a valid West Virginia license?

Yes No

Is your license in good standing?

Yes No

If no, please explain: _____

How did you hear about us and our job opportunities? (please mark all that apply)

- Newspaper
 Professional Publication
 Job Fair
 Radio
 Billboard
 Web Site
 Placement Office
 Current Employee
 Other _____



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Applicant's Statement

I hereby certify that the statements contained in this application are true and complete to the best of my knowledge. In the event that I am hired by St. Joseph's Hospital, I understand that if any of the information that I provided is not true or if I have given incomplete information, my employment may be terminated by St. Joseph's Hospital. With my signature below, I authorize St. Joseph's Hospital or its designee to conduct an investigation of all statements contained in this application, including credit and criminal histories. I further authorize all educational institutions and employers listed in this application to release any and all non-medical records related to me and to speak with and provide truthful non-medical information about me to any representative of St. Joseph's Hospital. I further agree to hold St. Joseph's Hospital, its designee and everyone supplying information about me, harmless and to release them from any and all liability for supplying or receiving the information described herein. I understand that neither educational institutions nor former/current employers have an obligation to provide the requested information. Thus, the consideration for them providing the requested information is my agreement to hold them harmless and release them from all liability for supplying it. If I am hired by St. Joseph's Hospital, I will be required to pass health examination that will be limited to testing for work-related duties. The health examination that must be passed includes a drug test. I understand that, if called for, I will be offered reasonable accommodations for any disability that I might have. Finally, I understand and agree that although I am applying for a position as an at-will employee and that means that both I and St. Joseph's Hospital may terminate the employment relationship with or without cause or prior notice, I will be expected to give notice of my resignation per hospital policy.

Applicant Signature

Date

This application will be considered active for a period not to exceed six (6) months from the date of receipt.



Applicant Acknowledgement

St. Joseph's Hospital of Buckhannon, Inc. is a success because of our employees. We believe that through our Core Values and Standards of Conduct we create and maintain a culture that makes St. Joseph's a great place to work.

It is important to know that if you are offered and accept employment with St. Joseph's Hospital you will be expected to follow the Core Values, Standards of Conduct and Culture of Excellence expectations as outlined below.

Core Values:

Compassion: *Showing loving concern and understanding for the whole person.*

Hospitality: *A warm, helpful and welcoming attitude toward all persons.*

Reverence: *Respect for the God-given dignity of each person.*

Interdependence: *Cooperation and collaboration among all members of our healthcare community.*

Stewardship: *Responsible use of and accountability for our human, material and financial resources.*

Trust: *Integrity, truthfulness and straightforwardness in relationships.*

Standards of Conduct:

Quality of Care: *We will provide high quality care and services.*

Compliance with Laws and Regulations: *We will conduct business and patient care operations in accordance with all applicable laws, regulations and professional standards to maintain the integrity of our organization.*

Billing and Coding: *We will maintain a commitment to fair and accurate billing that is in accordance with all federal and state laws and regulations.*

Protection of Property: *We are committed to protecting its property, and the property entrusted to us, against loss, theft, or misuse.*

Conflicts of Interest: *Our employees are expected to refrain from and avoid conflicts or even the appearance of conflicts between their private interests and those of the Hospital.*

Health and Safety: *We are committed to maintaining a workplace that protects the health and safety of our patients and employee partners.*

Behaviors that Undermine a Culture of Safety: *We are committed to treat all members of the healthcare provider team, hospital employees, students, volunteers, patients, family members and visitors in a respectful, dignified manner at all times.*

Human Resources: *We are committed to providing opportunities for development for all employees.*

Culture of Excellence:

I – Introduce yourself and **Inform** your patient about their care

C – Customer Centered Care is expected at all times

A – Appearance is expected to be neat and conservative and employees are expected to display a positive **Attitude**

R – Responsiveness: Acknowledge the issue, Apologize if needed, Amend the situation

E – Empathy: putting yourself in another person’s shoes

With my signature below I acknowledge that I have reviewed the Hospital’s Core Values and Standards of Conduct and acknowledge that if I am employed by the hospital I will be expected to abide by the Core Values, Standards of Conduct and Culture of Excellence as a condition of my continued employment.

Applicant Signature

Date