



1111 E. Spruce, Suite 431
 Fresno, CA 93720-3309
www.saintagnesmedicalproviders.com

Submit completed application to Human Resources:
 Email: Samp.Jobs@samc.com
 Fax: 559.450.5621

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Saint Agnes Medical Providers is an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion, and job status, without regard to race, color, religion, sex, sexual orientation, marital status, national origin, age, physical or mental disability or any other protected class.

Conditions of employment are stated at the end of this application. Please read carefully before signing. Please type or print using black or blue ink. To be considered for employment, a completed application is necessary even if attaching a resume. Stating "see resume" on your application or failure to complete all sections of this application will be considered incomplete and application will not be accepted.

Personal Information

Name _____ First MI Last			Date of Application _____ (mm/dd/yyyy)		
Home Address _____ Street Address				City _____	State _____ Zip _____
Email _____		Home Phone () _____		Cell Phone () _____	
Have you ever been employed or attended school under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide other name(s) _____					

Position Information

Position Applied _____		Salary Requirements \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Yearly			Available to Start _____ (mm/dd/yyyy)				
Employment Desired Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem <input type="checkbox"/>		Shift Availability							
No Preference <input type="checkbox"/>		Day	Mon	Tue	Wed	Thur	Fri	Sat	Sun
		AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Have you ever applied to this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ (mm/dd/yyyy)							
Have you ever been employed by this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ (mm/dd/yyyy)									
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If hired, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Education

School	Name of School	Location (City, State)	Completed	Diploma/Degree/Cert.
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any scholarships, academic honors, awards, or special achievements

Employment History

Begin with your most recent employer going back ten (10) years, if possible. Use additional sheets if necessary.

Company Name		Address		City	State	Zip	Phone () _____
From	To	Position Title	Supervisor	Rate of Pay			
				Begin	End		
May we contact?		Duties					
<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Reason for leaving							
Company Name		Address		City	State	Zip	Phone () _____
From	To	Position Title	Supervisor	Rate of Pay			
				Begin	End		
May we contact?		Duties					
<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Reason for leaving							
Company Name		Address		City	State	Zip	Phone () _____
From	To	Position Title	Supervisor	Rate of Pay			
				Begin	End		
May we contact?		Duties					
<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Reason for leaving							

Skills

Language(s) Spoken	Computer Skills	<input type="checkbox"/> PowerPoint <input type="checkbox"/> Access
EMR/Med Management Software	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Outlook	<input type="checkbox"/> Publisher <input type="checkbox"/> Other _____
Special Training		
License/Certification(s)		

References

Please provide three (3) professional references.

Name	Address	Relationship
Phone ()	Fax ()	Email
Name	Address	Relationship
Phone ()	Fax ()	Email
Name	Address	Relationship
Phone ()	Fax ()	Email

Employment Questions

Do you have any relatives employed by Saint Agnes Medical Providers? Yes No

If yes, what are their names?

Have you ever been discharged, rejected during probationary period for any employment, resigned under threat of discharge and / or unfavorable circumstances? Yes No

If so, please explain. (This question does not apply to a layoff or reduction in force for economic reasons.)

Have you ever been convicted by any court for any crime? A plea of guilty or no contest must be reported. A plea of guilty or no contest will be reported to the employer as a conviction. You do not need to report the following: (1) minor traffic violations; (2) any arrest or determination that does not result in conviction; (3) any conviction for which the record has been judicially expunged, sealed, or eradicated, such as certain juvenile offense records; (4) any misdemeanor conviction for which probation has been completed and the case has been judicially dismissed; (5) any arrest for which a pretrial diversion program has been successfully completed; or (6) convictions for certain marijuana violations that are more than two years old, per California Labor Code section 432.8. Yes No

If you answered 'yes' for being convicted for a crime, provide the offense, date of offense, court city / state, disposition or result of case, and a complete explanation of the facts regarding the offense.

Has your Driver's License ever been suspended or revoked? Yes No

If you answered 'yes' to your Driver's License being revoked, provide the date the license was suspended or revoked, date the issue was reissued to you, and explain why.

Notification and Agreement

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for immediate dismissal. I understand that all such information is subject to verification by the organization, and hereby give my consent to the organization to investigate my background and qualifications using any means, sources and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the organization may require at the time of offer. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at-will, and either I or the organization may terminate my employment at any time, with or without notice or reason.

Signature

Date

For Human Resources Use Only:

Application accepted: Yes No

Education Experience Other _____

Notes:

Date Received:

Received by:



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Demographic Information (optional)	
This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are voluntary. If you do not wish to answer, please check the corresponding response. Information will be used for statistical purposes only.	
Gender	Ethnicity
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Do not wish to answer	<input type="checkbox"/> Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Not Hispanic or Latino. <input type="checkbox"/> Do not wish to answer
Race	
<input type="checkbox"/> American Indian or Alaska Native - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. <input type="checkbox"/> Asian - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam. <input type="checkbox"/> Black or African American - a person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands. <input type="checkbox"/> White - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> Do not wish to answer	
Disability	
<p>Do you consider yourself disabled? A person with a disability is an individual who; (1) has a physical or mental impairment that substantially limits one or more activities; such as walking, speaking, breathing, performing manual task, seeing, hearing, learning, caring for oneself or work; (2) has a record of such an impairment; (3) is regarded as having such an impairment. <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If you answered 'yes' to being disabled, please specify.</p>	