

APPLICATION FOR EMPLOYMENT
BON SECOURS CHARITY HEALTH SYSTEM, INC.
ST. ANTHONY COMMUNITY HOSPITAL/SCHERVIER PAVILION/MT. ALVERNO CENTER
(Equal Opportunity Employer)

PLEASE PRINT:

DATE: _____

PERSONAL:

NAME: LAST-MIDDLE-FIRST	SOCIAL SECURITY #	HOME TELEPHONE #
STREET ADDRESS	CITY,	STATE
ZIP CODE		

ARE YOU A CITIZEN? YES NO IF NO, ALIEN REGISTRATION # _____

IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORKING PERMIT? YES NO

MILITARY SERVICE – IF ANY: FROM: _____ TO _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____
 (NAME & RELATIONSHIP)

ADDRESS: _____ TELEPHONE #: _____

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST 10 YEARS: YES NO

If yes, please explain: _____

EDUCATION:

	SCHOOL NAME	ADDRESS	COURSE OF STUDY	DEGREE GRANTED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

ACADEMIC HONORS, AWARDS: _____

LOCATION OF INTEREST WITHIN OUR SYSTEM:

HOSPITAL NURSING HOME ASSISTED LIVING DOES NOT MATTER

JOB SKILLS & AVAILABILITY

POSITION DESIRED: _____ DATE AVAILABLE: _____

SCHEDULE PREFERRED: DAY EVENING NIGHT
 F/T P/T P/D

ARE YOU AVAILABLE TO WORK ALTERNATE WEEKEND AND HOLIDAYS? YES NO

HAVE YOU EVER WORKED FOR ST. ANTHONY COMMUNITY HOSPITAL, SCHERVIER PAVILION, MT. ALVERNO CENTER OR BON SECOURS CHARITY HEALTH SYSTEM, INC.? YES NO

IF YES, PLEASE EXPLAIN: _____

HOW WERE YOU REFERRED? _____

DO YOU HAVE RELATIVES WHO WORK IN THE BON SECOURS CHARITY HEALTH SYSTEM, INC.? _____

NAME: _____ DEPARTMENT: _____

