Saint Agnes Medical Providers

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?
☐Yes ☐No If yes, please provide other name(s) _____

Position Information

Position Applied
_____

Available to Start
_____
(mm/dd/yyyy)

Employment Desired

Full-time	Part-Time	Temporary	Per Diem
☐	☐	☐	☐

Shift Availability

No Preference ☐

Day	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM	☐	☐	☐	☐	☐	☐	☐
PM	☐	☐	☐	☐	☐	☐	☐

Have you ever applied to this organization before? ☐Yes ☐ No If yes, when? _____
(mm/dd/yyyy)

Have you ever been employed by this organization before? ☐ Yes ☐ No If yes, when? _____
(mm/dd/yyyy)

Are you at least 18 years old? ☐ Yes ☐ No

If hired, can you provide proof of eligibility to work in the United States? ☐ Yes ☐ No

Education

School	Name of School	Location (City, State)	Completed	Diploma/Degree/Cert.
High School			☐Yes ☐No	
College/University			☐Yes ☐No	
College/University			☐Yes ☐No	
Technical School			☐Yes ☐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		
May we contact? ☐ Yes ☐ No	Duties				
Reason for leaving					

Company Name	Address	City	State	Zip	Phone ( ) _______
From	To	Position Title	Supervisor		
May we contact? ☐ Yes ☐ No	Duties				
Reason for leaving					

Company Name	Address	City	State	Zip	Phone ( ) _______
From	To	Position Title	Supervisor		
May we contact? ☐ Yes ☐ No	Duties				
Reason for leaving					

Skills

Language(s) Spoken	Computer Skills ☐Word ☐Excel ☐Outlook	☐PowerPoint ☐ Access ☐Publisher ☐ Other _________
EMR/Med Management Software		
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.)

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:	Date Received:
Application accepted: ☐Yes ☐No ☐ Education ☐ Experience ☐ Other _____ Notes:	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**
☐ Female ☐ Male ☐ Do not wish to answer	☐ Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. ☐ Not Hispanic or Latino. ☐ Do not wish to answer

Race

☐ **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.

☐ **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.

☐ **Black or African American** - a person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander** - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

☐ **White** - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Do not wish to answer**

Disability

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. ☐Yes ☐No

If you answered 'yes' to being disabled, please specify.