

APPLICATION FOR EMPLOYMENT

Thank you for considering employment at Holy Family Services. Please complete the application form below. If an item is not applicable to your situation please note "n/a". Please submit a CV or resume with this application via email to holyfamilybirthcenter@gmail.com. Faxed or mailed applications are also acceptable.

Personal Information

Name: _____

Permanent Address: _____

Mailing Address: _____

Email Address: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Drivers License #: _____ State: _____

Emergency Contact:

Relationship: _____ Phone: (_____) _____ - _____

Employment Eligibility

If you are not a US Citizen, are you authorized for employment in the US?:

Yes No

Languages Spoken & Proficiency:

English _____ Spanish _____ Other _____

Desired Position:

Certified Nurse Midwife Nurse Housekeeping Office/Clerical Staff
 Other: _____

Desired Type of Employment:

Full-time Part-time Volunteer Clinical Fellowship

Do you have the appropriate credentials/training/education/experience for this position?

Yes No

When are you available to start? _____

Have you worked or volunteered at Holy Family in the past? (If yes, when and in what position?)

Yes No _____

Education

Highest Level of Education: _____

High school Name: _____

City/State: _____ Year of Graduation: _____

Undergraduate School Name: _____

City and State: _____

Major: _____ Minor: _____

Degree Earned: _____ Year Graduated: _____

Graduate School Name: _____

City and State: _____

Major: _____ Minor: _____

Degree Earned: _____ Year Graduated: _____

Other School Name: _____

City and State: _____

Major: _____ Minor: _____

Degree Earned: _____ Year Graduated: _____

Former Employment

Please list employment history in chronological order beginning with current or most recent employment.

Name of Employer: _____

Position Held: _____ Dates of Employment: _____ to _____

Supervisor's Name: _____

Contact Email Address: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

May we contact this employer? Yes No If no, please explain: _____

Former Employment Continued

Name of Employer: _____

Position Held: _____ Dates of Employment: _____ to _____

Supervisor's Name: _____

Contact Email Address: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

May we contact this employer? Yes No If no, please explain: _____

Name of Employer: _____

Position Held: _____ Dates of Employment: _____ to _____

Supervisor's Name: _____

Contact Email Address: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

May we contact this employer? Yes No If no, please explain: _____

Personal Statements

Please share a brief statement about why you are interested in working/volunteering at Holy Family Services.

Do you have any skills/talents/education beyond what was previously noted that you are willing to share with us? For example- experience with grant writing, translation, childbirth education, electrician, construction, plumbing, painting, medial office work (billing/coding) etc.

Please mark the appropriate response for the questions below.

If you answer "No" to question 1, or "Yes" to any of the remaining (questions 2-11), please include an explanation on an additional page or on the back of this page. Know that your honesty will not exclude you from employment. Your explanation will be reviewed and thoughtful consideration given to your application.

1. Are you able to perform the specific duties of this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently under any limitations concerning your activities or workload?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you undergone treatment for alcoholism or drug dependence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been convicted of a felony or misdemeanor (other than traffic violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have any of your clinical licenses in any jurisdiction been denied, limited, suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Has action been taken at any healthcare organization resulting in the denial, reduction, limitation, suspension, revocation, or voluntary relinquishment of your privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Have you been suspended, sanctioned or otherwise restricted from participating in any private, federal, or state health insurance program (e.g. Medicaid, BCBS, United Health Care, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Have you been the subject of any investigation by any private, federal, or state agency concerning your participation in any health insurance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Have you withdrawn an application for appointment, reappointment and/or clinical privileges or resigned from a medical staff pending deliberation regarding your clinical privileges or staff membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. If you have a narcotics registration, has it been challenged, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Has your professional liability insurance coverage been terminated, limited, or suspended by any insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

CLINICAL APPLICATION ADDENDUM

Please respond to the following questions:

In general, why do you want to work at Holy Family Services?

Did someone recommend Holy Family to you? Yes No

If yes, why?

What is your strongest area of practice?

What is your weakest area of practice?

How did you find out about Holy Family Services?

If you're applying for the clinical fellowship:

The clinical fellowship is a one year commitment. Are you able to commit to a full year (if not, please explain)?

Would you be willing to stay longer?

Name (print): _____

Date: _____ Signature: _____