Holy Family Services, Inc.
5819 N. FM 88*Weslaco, TX 78599
Ph. 956-969-2538 * Fax 956-969-5884

APPLICATION

Thank you for considering employment and/or volunteering at Holy Family Services. Please fill out the following. If not applicable please note "n/a". If you have a Resume or CV prepared please submit it with this application. Return via email preferred and signature not required: holyfamilybirthcenter@gmail.com Faxed or mailed applications also acceptable.

(If completing electronically please cut and paste symbol as appropriate for box selection ☒ or ☑)

Name: _____

Permanent Address: _____

Mailing Address: _____

Email Address: _____

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

DOB: _____/_____/_____ **Social Security #:** _____ - _____ - _____

Emergency Contact: _____

Relationship: _____ Phone: (_____) _____ - _____

Drivers License: # _____ State: _____

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: □Volunteer □Full-time □Part-time □Clinical Fellowship
□Certified Nurse-Midwife □ Nurse □Housekeeping □Office/Clerical Staff
□Where ever needed most □Other _____

Do you have the appropriate credentials/training/education/experience for this position? □Yes, □No

When would you ideally like to come to Holy Family? _____

Have you worked or volunteered at Holy Family in the past? □Yes □No. If yes, when and what position?

_____

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: _____

Holy Family Services, Inc.
5819 N. FM 88*Weslaco, TX 78599
Ph. 956-969-2538 * Fax 956-969-5884

Former Employment:

List in chronologic order starting with the most recent or current

Name of Employer:____________________
Position Held:____________________ Dates of Employment: ________to__________
Supervisor:____________________
Mailing Address: ____________________
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:____________________
Mailing Address: ____________________
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:____________________
Mailing Address: ____________________
Contact Email Address:____________________
Phone: (________) - ______________ Fax: (________) - ______________
May we contact this employer? ☐Yes, ☐No. If no please explain:____________________

References: Include at least, one person you have worked with and one of the same profession that you are applying for. If you are a new Nursing or CNM graduate you may include a faculty member

Name:____________________
Mailing Address: ____________________
Contact Email Address:____________________
Phone: (________) - ______________ Fax: (________) - ______________

Name:____________________
Mailing Address: ____________________
Contact Email Address:____________________
Phone: (________) - ______________ Fax: (________) - ______________

Name:____________________
Mailing Address: ____________________
Contact Email Address:____________________
Phone: (________) - ______________ Fax: (________) - ______________

Holy Family Services, Inc.
5819 N. FM 88*Weslaco, TX 78599
Ph. 956-969-2538 * Fax 956-969-5884

Brief statement as to why you are interested in working/volunteering at Holy Family Services.

Do you have any particular skills/talents/education other than what was previously noted that you are willing to share with us? For example - experience in the following areas or professions: grant writing, translating written documents, childbirth educator, electrician, construction, plumbing, painting, medical office work (billing/coding) etc.

Holy Family Services, Inc.
5819 N. FM 88*Weslaco, TX 78599
Ph. 956-969-2538 * Fax 956-969-5884

Please mark the appropriate response for the below questions.
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	□Yes, □No
2. Are you currently under any limitations concerning your activities or work load?	□Yes, □No
3. Have you undergone treatment for alcoholism, drug dependence, or mental illness?	□Yes, □No
4. Have you been convicted of a felony or misdemeanor (other than traffic violations)?	□Yes, □No
Respond to the following only if you are applying for a clinical/healthcare position	
5. Have any of your clinical licenses in any jurisdiction been denied, limited, suspended or revoked?	□Yes, □No □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?	□Yes, □No □N/A
7. Have you been suspended, sanctioned or otherwise restricted from participating in any private, federal, or state health insurance program (e.g. Medicare or Medicare)?	□Yes, □No □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?	□Yes, □No □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?	□Yes, □No □N/A
10. If you have a narcotics registration, has it been challenged, suspended or revoked?	□Yes, □No □N/A
11. Has your professional liability insurance coverage been terminated, limited, or suspended by any insurance?	□Yes, □No □N/A

I attest that, to the best of my knowledge, that the information provided and the answers to the questions asked on this application are accurate and true.

Signature:_____ Name (print):_____ Date:_____

Holy Family Services, Inc.
5819 N. FM 88*Weslaco, TX 78599
Ph. 956-969-2538 * Fax 956-969-5884

Clinical Fellowship
Application Addendum

Holy Family Services has a tradition of providing clinical fellowships to Certified Nurse-Midwives (CNMs) seeking additional mentoring and experience in out-of-hospital birth. Fellowship availability depends on space available, number of current fellows, available CNMs to mentor, and your level of desired mentorship. Usually a fellowship duration is 1 year.

Please respond to the following questions:

In general, why do you want to do a clinical fellowship at Holy Family Services?

Did someone recommend that you do a clinical fellowship? □Yes, □No. If yes, why?

What is your strongest area of nurse-midwifery practice?

What is your weakest area of nurse-midwifery practice?

How did you find out about this clinical fellowship?

The clinical fellowship is at least 9 months. Are you able to stay longer?

Signature:_____Name (print):_____Date:_____