

Franciscan Health Community

1925 Norfolk Avenue
St. Paul, MN 55116
(651)696-8400
Job Line (651)696-8411 ext 577

Application for **Employment**

Please check all programs you wish your application application to be considered for employment.

- St. Mary's Home*
- St. Mary's Adult Day Services*
- St. Mary's Hospice*
- Franciscian Home Health*
- Highland Block Nurse Program*
- Highlands On Graham*
- Riverview Highlands*
- Southwest Area Meals*
- Our Lady of Good Counsel Home*

EMPLOYMENT HISTORY

#1. PRESENT EMPLOYER	
NAME: _____	JOB TITLE _____
ADDRESS _____	DUTIES _____
CITY & STATE & ZIP _____	_____
PHONE # _____	NAME OF SUPERVISOR _____
EMPLOYMENT DATES: TO: _____	FROM _____
REASON FOR LEAVING (Circle One) QUIT LAYOFF DISCHARGED OR STILL WORKING	
EXPLANATION: _____	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
#2.	
NAME: _____	JOB TITLE _____
ADDRESS _____	DUTIES _____
CITY & STATE & ZIP _____	_____
PHONE # _____	NAME OF SUPERVISOR _____
EMPLOYMENT DATES: TO: _____	FROM _____
REASON FOR LEAVING (Circle One) QUIT LAYOFF DISCHARGED OR STILL WORKING	
EXPLANATION: _____	
#3.	
NAME: _____	JOB TITLE _____
ADDRESS _____	DUTIES _____
CITY & STATE & ZIP _____	_____
PHONE # _____	NAME OF SUPERVISOR _____
EMPLOYMENT DATES: TO: _____	FROM _____
REASON FOR LEAVING (Circle One) QUIT LAYOFF DISCHARGED OR STILL WORKING	
EXPLANATION: _____	

REFERENCES

#1.
NAME _____
ADDRESS _____
CITY & STATE & ZIP _____
PHONE# _____

#2.
NAME _____
ADDRESS _____
CITY & STATE & ZIP _____
PHONE# _____

#3.
NAME _____
ADDRESS _____
CITY & STATE & ZIP _____
PHONE# _____

THE AMERICAN POLICY IS OUR POLICY:

We hire Only U.S. Citizens and Lawfully Authorized Alien Workers.

Upon date of hire, some of the following documentation will be required of ALL employees:

LIST A Identity & Employment Eligibility	OR LIST B Identity	AND LIST C Employment Eligibility
United States Passport Certificate of U.S. Citizenship Certificate of Naturalization Unexpired foreign passport with attached Employment Authorization Alien Registration Card with Photograph	A State issued driver's license or I.D. card with a photograph, or information, including name, sex date of birth, height, weight, & color of eyes. U. S. Military Card Other (Specify document & issuing authority)	Original Social Security # Card (other than a card stating it is not valid for employment) A birth certificate issued by State, County, or municipal authority bearing a seal or other other certification Unexpired INS Employment Authorization Specify Form # _____

UNDERSTANDING

I understand and agree that if accepted for employment, I reserve the right to resign my employment at any time and for any reason, and that Franciscan Health Community reserves the right to terminate my employment at any time for any reason. This relationship shall not be modified in any way without the express written consent of the president of Franciscan Health community. I understand that any oral or written statements to the contrary are disavowed, and that they should not be relied upon.

If I should be given employment by Franciscan Health Community, I agree that any and all confidential information relating Franciscan Health Community business be held by myself in trust solely for Franciscan Health Community. Misrepresentation by me in this application could be cause for cancellation of the application and/or for separation from Franciscan Health Community service if I have been employed. I realize that my signature will be your authorization to confirm statements that I have made in this application.

Signature _____ Date _____