



St. Joseph's Villa, Inc.

St. Joseph's Villa, 927 Seventh St., David City, NE 68632
Phone 402-367-3045 Fax 402-367-3730
St. Joseph's Court, 646 I St., David City, NE 68632
Phone 402-367-4337 Fax 402-367-4345

EMPLOYMENT APPLICATION

NAME: _____ **Today's Date:** _____
 Last **First** **Middle**

Position(s) Applying for:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Day Shift
1. _____	<input type="checkbox"/> Regular	<input type="checkbox"/> Part-time _____ hrs/wk	<input type="checkbox"/> Evening Shift
2. _____	<input type="checkbox"/> Temporary	<input type="checkbox"/> Relief _____ hrs/wk	<input type="checkbox"/> Night Shift
3. _____		<input type="checkbox"/> Weekends	<input type="checkbox"/> Rotating Shift
(Please Specify)			

SALARY REQUIREMENTS _____ **Date Available:** _____

Daytime Phone: _____ **Evening Phone:** _____

Best time to be reached: _____

FOR PERSONNEL USE ONLY - DO NOT WRITE BELOW THIS LINE

Position Considered: _____ **Department:** _____

Contacted By: _____

Interview Date/Time: _____ **Supervisor:** _____ **Dept:** _____

Position Offered : _____ YES _____ NO **Position Accepted:** _____ YES _____ NO

Date of Hire: _____ **Wage:** _____ **Hours/Week** _____

Comments: _____

PERSONAL DATA

Last Name	First Name	MI	Social Security Number
Street Address			Home Phone ()
City	State	Zip Code	Business Phone ()
How were you referred to St. Joseph's Villa, Inc. ?			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, work permit # _____		Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		Have you ever been employed by St. Joseph's Villa, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Dates of employment _____ Position: _____ Dept. _____	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____			
Have you ever been discharged from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____			

EDUCATION

SCHOOL	NAMES & LOCATIONS OF SCHOOLS	COURSE(S) OF STUDY	DATES OF ATTENDANCE	DIPLOMA/GED/CERTIFICATE/DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER				
List any other information such as volunteer experience, training, special awards or experience which would be pertinent to the position for which you have applied: _____ _____				

BUSINESS SKILLS

(if applicable to position applying for)

Typing		WPM	Medical Transcription	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ten Key by Touch	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dictaphone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Word Processor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Computer Skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Terminology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ICD-9 CM Coding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Software Experience:	_____				
Other:	_____				

STATE LICENSE/CERTIFICATION/REGISTRATION

Organization	State	Registration Number	Expiration Date
_____	_____	_____	_____

EMPLOYMENT HISTORY

(ALL DATA MUST BE COMPLETE. ATTACH ADDITIONAL SHEETS IF NECESSARY)

Present or Last Employer	Type of Organization	Telephone ()
Address	City, State	Zip Code
Position Held	Department	Name of Supervisor
Job Duties		Employed (Month & Year) From To
		Last Rate of Pay
		Reason for Leaving
Your name (at that time)		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer	Type of Organization	Telephone ()
Address	City, State	Zip Code
Position Held	Department	Name of Supervisor
Job Duties		Employed (Month & Year) From To
		Last Rate of Pay
		Reason for Leaving
Your name (at that time)		

Previous Employer	Type of Organization	Telephone ()
Address	City, State	Zip Code
Position Held	Department	Name of Supervisor
Job Duties		Employed (Month & Year) From To
		Last Rate of Pay
		Reason for Leaving
Your name (at that time)		

Previous Employer	Type of Organization	Telephone ()
Address	City, State	Zip Code
Position Held	Department	Name of Supervisor
Job Duties		Employed (Month & Year) From To
		Last Rate of Pay
		Reason for Leaving
Your name (at that time)		

Please explain any gaps in your employment history:		
From: _____	To: _____	Reason: _____

MILITARY

(Complete this section if you served in the U.S. Armed Forces)

Branch of Service	Military Occupational Skills
Describe your duties and any special training:	Period of Active Duty (Month and Year)
	Start End
	Discharge Date
	Rank at Discharge

EMPLOYMENT REFERENCES

List three employment references that have definite knowledge of your qualifications and skills for the position(s) for which you are applying. (Recent graduates please list instructors.) Do not include personal references.

Name	Address	Occupation	Telephone

I certify that the information I have furnished is correct and complete to the best of my knowledge and belief with the understanding that it may be subject to verification with former employers and other persons. I understand and agree that misrepresentation, falsification or omission may be considered sufficient cause for rejection or dismissal if employed. In the event I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept change of job or shift depending on my demonstrated skills after employment and the needs of St. Joseph's Villa, Inc. as a condition of initial and continued employment. I understand that I must meet the health standards established by St. Joseph's Villa, Inc. as a condition of initial and continued employment. Compliance to these standards will be determined by the required physical examination which includes a drug test. I authorize my past employers to supply any information they have concerning me or my work performance during my association with them and release them from all liability in connection therewith. I understand that if I am employed by St. Joseph's Villa, Inc., the employment relationship will be terminable at will by either party, at any time, with or without notice, with or without cause.

Signature of Applicant _____
(Application active for one year)

AN EQUAL OPPORTUNITY EMPLOYER

All recruitment and hiring at St. Joseph's Villa, Inc. are conducted without regard to gender, sexual orientation, race, color, national origin, ethnicity, religion, citizenship status, disability, pregnancy, age, military status, political affiliation, or any other factor protected by law.