



SANTÉ

HEALTH SYSTEM

PERSONAL DATA		
Name	Social Security Number	Home Phone
Address		
Position Desired	Date Available	Willing to travel <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you furnish proof of authorization to work in the United States if offered employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony? A conviction will not necessarily disqualify an applicant from employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SOURCE	
How were you referred?	<input type="checkbox"/> Classified Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other Source or Person
Please identify name of newspaper, employment agency, relative or other source or person	

EDUCATION					
Name of School	City, State	Major	Minor	No. of Years completed	Degree/Diploma
High School					
College					
Graduate School					
Other					

EMPLOYMENT - Please list all employers beginning with your present employer

Firm Name	Address	City/State/Zip
Phone	Position Held	Dates - From To
Supervisor's Name and Title		Earnings - Beginning Ending
Reason for Leaving		
Firm Name	Address	City/State/Zip
Phone	Position Held	Dates - From To
Supervisor's Name and Title		Earnings - Beginning Ending
Reason for Leaving		
Firm Name	Address	City/State/Zip
Phone	Position Held	Dates - From To
Supervisor's Name and Title		Earnings - Beginning Ending
Reason for Leaving		
Firm Name	Address	City/State/Zip
Phone	Position Held	Dates - From To
Supervisor's Name and Title		Earnings - Beginning Ending
Reason for Leaving		

PLEASE READ BEFORE SIGNING APPLICATION

Santé Health System is an Equal Opportunity Employer. All Applicants and employees are considered for employment, development advancement and earnings based upon their skills, performance and potential without regard to race, color, religion, sex, national origin, age or handicap status.

I understand that the information I provide in this application must be complete and accurate to the best of my knowledge. I realize that falsification and/or incomplete information may jeopardize my employment now or in the future. Santé Health System or its agents may seek to verify this information and make inquiries by securing a consumer investigative report concerning my character, criminal convictions, employment experience, education and community standing. I further understand that if this information results in my dismissal that the nature and scope of these reports may be secured directly from the supplier of such information. I hereby authorize any previous employer to release to Santé Health System relevant information such as work habits, performance, attendance, and reason for leaving. In addition, I understand that part of the post- offer, pre-employment process a drug test is required.

I agree to conform to the rules and regulations of Santé, and understand that my employment can be terminated at any time, with or without notice and with or without cause. Santé reserves the right to make changes in an employee's position, title, job responsibilities and/or compensation level at any time, at its sole discretion, with or without cause or notice. I further understand that no manager, supervisor, or other representative of Santé Health System has any authority to enter into any agreement contrary to the foregoing.

Signature

Date