



Last 4 digits of Applicants SSN (MUST BE FILLED IN)

EMPLOYMENT APPLICATION

10540 White Rock Road, Suite 150 Rancho Cordova, CA 95670 (916) 851-2205

Mercy General Hospital (MGH) Mercy American River/Mercy San Juan Hospital (MAR/MSJ) Woodland Healthcare (WH)
Mercy Hospital of Folsom (MHF) Regional Staffing Resources (RSR) Bruceville Terrace (BT)
Mercy Home Health Hospice (HH) Methodist Hospital of Sacramento (METH) Equal Opportunity Employer
TTY: (916) 851-2242 Toll-Free: (800) 688-3834 Info Line: (916) 851-2227 Drug-Free Workplace

Personal Information

Last Name First Name M.I.

Address Social Security No.

City State Zip

Home Phone Business Phone Message Phone

Have you ever worked under another name? (For employment verification purposes) Yes No Please List

Have you ever worked for Mercy Healthcare Sacramento or one of its affiliates? If so, please complete: MHS MHF Woodland Healthcare MGH METH Sierra Nevada Hospital MAR/MSJ BT From: Month Year To: Month Year

Have you ever been convicted of a felony, misdemeanor, or primary crime? Yes No If yes, indicate date of conviction: / / Nature of conviction:

(Note: Do not include misdemeanor marijuana convictions which occurred more than two years prior to the date of this application. A conviction is not necessarily a bar to employment. Each case is considered individually on the basis of the nature of the crime and the position applied for.)

Have you ever been involuntarily terminated from any prior employment? Yes No If "yes", give details of the reasons for the termination, including the approximate date, the name of your employer, and the reason for the termination:

In any past employment, have you ever received any disciplinary action (written warning, suspension (with or without pay), transfer to a non-patient care position, probation, or termination) for any patient care related incident (for example, medication error, inappropriate conduct with patient, patient abuse, etc.)? Yes No If "yes", give details including the approximate date, the type of action taken, the name of your employer, and the reason for the disciplinary action:

Do you have a spouse, relative or other household member employed by Mercy Healthcare Sacramento? Yes No If yes, complete: Facility Department Position (Mercy policy prohibits the employment of relatives or other household members under specific circumstances)

Position Applying For

Title Req # (as listed on job posting)

Which Facility: MHS MGH MAR/MSJ MHF METH BT WH Clinic Position Status: Full Time Part Time LHPT On Call/Supplemental Per Diem Temporary Position Shift: Day Evening Night Will you work weekends?: Yes No Date available to start work / /



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Four empty boxes for SSN digits with the instruction "(MUST BE FILLED IN)" below them.

Skills Please Shade in the box of any area(s) in which you have experience: Shade Box Like This: Not Like This:

Clerical Skills

- 10 key
- Access
- Accounting
- Accounts Payable
- Accounts Receivable
- Billing
- Chart Analysis
- Chart Review
- Coding
- Credentialing
- Data Entry
- Desktop Publishing
- DRG
- Excel
- Executive/Administrative Secretary
- General Ledger
- ICD 9/CPT 4
- Insurance
- Medical Records
- Medical Staff
- Medical Terminology
- Medicare/MediCal
- MS Word
- Patient Accounting
- Patient Registration
- Payroll
- Reception
- Reimbursement
- Spreadsheet
- Switchboard/PBX
- Third Party Payors
- Transcription
- Typing
- UB92
- Unit Assistant/Ward Clerk
- Word Perfect
- Word Processing

Patient Care Skills

- Acute Care
- Ambulatory Care
- Cardiac Surgery
- Case Mgmt/DP/UR
- Cath Lab
- Coronary Care
- Counseling
- Dysphagia
- Dysrhythmia
- EKG
- Emergency
- Endoscopy
- Home Health
- Hospice
- Hyperbaric
- Intensive Care
- Labor & Delivery
- Long Term Care/SNF
- Medical/Surgical
- Mental Health
- Monitor Technician
- Neonatal Intensive Care
- Neurology
- Nursery
- Oncology
- Orthopedics
- Pediatrics
- Post Anesthesia Care
- Post Partum/Mother-infant
- Radiology
- Rehabilitation
- Scrub/Circulate
- Sleep Center
- Social Work
- Surgery/Operating Room
- Telemetry
- Trauma

Non-Patient Care Skills

- AS 400
- Blood Bank
- CAI Interface Engine
- Central Supply
- Chaplaincy
- Cook
- CyCare
- Drug Utilization Review
- Educator
- Finance
- Food Service
- Fund Raising
- Grant Writing
- Histology
- Housekeeping
- Human Resources
- Infinium
- J D Edwards
- Laboratory
- LAN/WAN
- Linen
- Maintenance Engineer
- Materials Management
- Paralegal
- Pathology
- Patient Transportation
- Phlebotomy
- Print Shop
- Program Development
- Programmer
- Public Affairs/Community Relations
- Public Relations
- Purchasing
- Receiving
- Risk Management
- RPG
- Supervisory/Management
- Telecommunications
- UNIX

Certification/Licenses/Registration

- ACLS
- BLS/CPR
- CCRN
- EMT
- MICN
- NALS/NRP
- PALS
- PICC
- TNCC
- Accredited Records Tech
- Certified Childbirth Educator
- Certified Coding Specialist
- Certified Dietitian
- Certified Emergency Nurse
- Certified Nuclear Medical Tech
- Certified Nurse Assistant
- Certified PT/OT Assistant
- Certified Public Accountant
- Certified Radiology Tech
- Chemotherapy Certification
- Clinical Laboratory Scientist
- IV Therapy Certification
- Licensed Clinical Social Worker
- Licensed Pharmacist
- Licensed Physical Therapist
- Licensed Psychologist
- Licensed Speech Therapist
- Licensed Vocational Nurse
- Nurse Practitioner
- Occupational Therapist Registered
- Public Health Nurse
- Registered Nurse
- Registered Pharmacy Tech
- Registered Vascular Tech
- Respiratory Care Practitioner
- Telemetry Certification
- Universal CFC

Typing Speed (WPM): less than 35 35 - 45 46 - 55 56 - 75 more than 75

Please list additional computer software skills: _____



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Education

Name of Schools (College, Business, Vocational)	Location	No. Yrs. Completed	Major Courses	Degree or Certificate

Other special education/training (include military service, schools and experiences or skills that would qualify you for the position for which you are applying):

Professional License/Registration/Certification

Type	State	Number	Original Issue Date	Expiration Date

Work Experience

Please list your present or most recent work experiences first. Explain gaps of unemployment. Please use an additional sheet of paper if needed. A resume may be attached, but the entire application must be completed.

Job Title: From: Month Year To: Month Year

Hours worked per Week: Salary: Start End

Department:

Duties:

Company:

Street Address:

City: State: Zip:

Supervisor's Name: Telephone: - -

Reason for Leaving:

Job Title: From: Month Year To: Month Year

Hours worked per Week: Salary: Start End

Department:

Duties:

Company:

Street Address:

City: State: Zip:

Supervisor's Name: Telephone: - -

Reason for Leaving:



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Job Title _____ From: Month _____ Year _____ To: Month _____ Year _____

Hours worked per Week _____ Salary: Start _____ End _____

Department _____

Duties _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Supervisor's Name _____ Telephone _____ - _____ - _____

Reason for Leaving _____

Job Title _____ From: Month _____ Year _____ To: Month _____ Year _____

Hours worked per Week _____ Salary: Start _____ End _____

Department _____

Duties _____

Company _____

Street Address _____

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Supervisor's Name _____ Telephone _____ - _____ - _____

Reason for Leaving _____

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Street Address _____

City _____ State _____ Zip _____

Supervisor's Name _____ Telephone _____ - _____ - _____

Reason for Leaving _____



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Job Title

From: Month Year To: Month Year

Hours worked per Week

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Department

Duties _____

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Street Address

City State Zip

Supervisor's Name Telephone - -

Reason for Leaving _____

Job Title

From: Month Year To: Month Year

Hours worked per Week

Salary: Start End

Department

Duties _____

Company

Street Address

City State Zip

Supervisor's Name Telephone - -

Reason for Leaving _____

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

Please read carefully before signing this form.

I certify that the information contained in this application form is true and correct. I authorize all previous employers and schools to give information needed to Mercy Healthcare Sacramento and its affiliates for purposes of obtaining an account of my educational and work experience. I agree to hold Mercy Healthcare Sacramento, its affiliates, previous employers and schools blameless and free of any liability for releasing any information that is within their knowledge or records. I understand that an offer of employment is contingent upon my consent to, and release of, a detailed, thorough narrative reference from prior employers.

I understand that if I am employed, any deletion or misrepresentation of information as stated or implied on this application form may result in my dismissal. I am aware that I will be required, as a condition of employment, to successfully complete a pre-employment post-offer medical examination which includes screening for drugs and/or alcohol, and that any referral to a private doctor for suggested follow-up will be at my own expense. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. I agree to observe all rules, regulations and policies of Mercy Healthcare Sacramento and its affiliates.

I understand that nothing in this application is to be construed as constituting a contract or guarantee of employment, and no manager or representative, other than the Vice President, Human Resources or his/her designee, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to this. I agree that I am free to resign, just as Mercy Healthcare Sacramento or its affiliates is free to terminate employment, for any reason.

Signature _____ Date - -



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Mercy Healthcare Sacramento
 10540 White Rock Road, Suite 150
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Recruitment Information

Position applied for _____

Date - -

Please Shade in the Box of the Source that prompted your application. (One Box Only) Shade Box Like This: Not Like This:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Advance Magazine | <input type="checkbox"/> Job Fair | <input type="checkbox"/> OT Week | <input type="checkbox"/> San Francisco Chronicle |
| <input type="checkbox"/> Convention | <input type="checkbox"/> Los Angeles Times | <input type="checkbox"/> Pharmacy Week | <input type="checkbox"/> School Career Fair |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Mercy Job Line | <input type="checkbox"/> PT Bulletin | <input type="checkbox"/> Search Firm |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Mercy Job Posting | <input type="checkbox"/> Radio | <input type="checkbox"/> Temporary Agency |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Nurse Week | <input type="checkbox"/> RN Magazine | |
| <input type="checkbox"/> Mercy Website | <input type="checkbox"/> Nursing '98 - '99 | <input type="checkbox"/> Sacramento Bee | |

If not listed above, please specify source: _____

Personal Information

To assist us in our equal employment opportunity program, and to help us with Federal and State recordkeeping, reporting and other legal requirements, we request the following information.

This questionnaire is NOT part of the employment process. Its completion is entirely voluntary on your part.

Sex: Male Female

Birth Date: ^{Month} - ^{Day} - ^{Year}

- White: All people having origins in any of the original peoples of Europe, North Africa, or Middle East.
- Black: All persons having origins in any of the black racial groups of Africa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.
- Asian-Pacific Islander: All persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
- American Indian - Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through affiliation or community recognition.
- Disabled Veteran (30% or more) Vietnam Era Veteran Disabled Vietnam Era Veteran

Do you have a disability? Yes No