



Employment Application

Date: _____

Name: _____

Position Applying For: _____

Birth Date: _____ Sex: Female Male

Race:

- | | |
|-------------------------------|-------------------|
| American Indian/Alaska Native | Black |
| Hawaiian/Pacific Islander | Hispanic |
| White | Asian |
| | Two or More Races |

Vets-100 status:

- | | |
|--------------------------------------|------------------------------|
| Disabled Veteran | Disabled Vietnam Era Veteran |
| Special Disabled Veteran | Vietnam Era Veteran |
| Special Disabled Vietnam Era Veteran | Veteran |
| None | |

We are an equal employment opportunity employer. This data, when reported, will not identify any specific individual.

Tear off this sheet and give to Human Resources.



Mission Statement

Ave Maria Village, inspired by the Sisters of Mary of the Presentation, serves those in our care with respect and compassion as we strive to fulfill the healing mission of Jesus.

DO YOU NEED ANY ACCOMMODATION TO PARTICIPATE IN THE APPLICATION OR INTERVIEW PROCESS? YES NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, OR DISABILITY.

WHERE DID YOU HEAR ABOUT THE OPEN POSITION? _____

Position Applied for		Other positions interested in:					
Name			Social Security #				
Address		City		State		Zip	
Phone		Message Phone					
Email Address							
EDUCATION							
CIRCLE THE HIGHEST SCHOOL YEAR COMPLETED							
8 9 10 11 12 13 14 15 16 17 18 19			AA		BA	MA	Ph.D
Name of school beyond High School							
Training Length			Date Completed				
Major			Vocational Training				
List any reason known to you why you might not be able to perform consistently and promptly any of the duties of the position applied for (review job description before answering this question):							
Which shift are you interested in? DAY EVENING NIGHT Circle one							
Will you accept weekend work? YES NO Circle one							
Will you work - Full-time? Part-time? Temporary? On-Call? Per Diem? Circle one							
WORK EXPERIENCE (List the MOST RECENT position first)							
List other names used while employed with these employers:							
Were you previously employed at Ave Maria Village, formerly known as Central Dakota Village, or another SMP Health System facility?							
YES NO		Where?		When?		Position	
1. Company Name May we contact them?			Address				
Job Description (duties, skills, equipment used)							
Dates of employment: start		end		Phone #			
Reason for leaving:			Who to contact:				

2. Company Name			Address		
Job Description (duties, skills, equipment used)					
Dates of employment: start			end		Phone #
Reason for leaving:				Who to contact:	
3. Company Name			Address		
Job Description (duties, skills, equipment used)					
Dates of employment: start			end		Phone #
Reason for leaving:				Who to contact:	
4. Company Name			Address		
Job Description (duties, skills, equipment used)					
Dates of employment: start			end		Phone #
Reason for leaving:				Who to contact:	
Add an additional sheet of paper if you have additional work experience.					

ADDITIONAL INFORMATION			
Volunteer Work			
Summary of work experience or additional information (such as special skills, licenses, etc.)			
Please list Professional Licenses, Registrations and/or Certifications (include type and state)			
Have you ever been convicted of a crime: Yes__ No__			
If Yes please give the date(s), offense(s), and disposition(s):			
I understand I will be subjected to a criminal background check.			
If an offer of employment is made, I agree to submit to any required drug or alcohol testing. Yes__ No__			
Have you ever been excluded from participation in any federal or state Medicare, Medicaid or any other third party payer program or have such pending actions: Yes__ No__			
If yes, a letter showing reinstatement is required for further consideration for employment.			
Have you ever been convicted of mistreatment, neglect, or abuse of nursing home residents or misappropriation of their property: Yes__ No__			
Have you ever worked in the capacity of a nurse's aide in North Dakota Yes__ No__			
Have you worked in the capacity of a nurse's aide in another state? Yes__ No__			
If yes, list the state(s) here:			
References (names of persons not related to you):			
Name	Address	Phone #	
CERTIFICATION/AUTHORIZATION			
<p>I certify that all matters contained in this application are true and that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.</p> <p>I authorize Ave Maria Village to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.</p> <p>My employment with Ave Maria Village is contingent upon meeting the physical requirements of this position and subject to the results of the criminal background check.</p>			
Date:		Signature:	
Notice to applicants: Information that you provide on this application is subject to verification.			

This application furnished by SMP Health System
Facility: Ave Maria Village
501 19th St NE
Jamestown, ND 58401
(701) 252-5660

4-06-16