

Mission, Values & Customer Service Standards Pre-employment Commitment

Dear Applicant:

HFM recognizes that our success is determined by our employees embracing and wholeheartedly supporting our mission, values and customer service standards. We expect that all employees will live the HFM Values and Mission in all encounters with others. Before you apply for employment at HFM, please review the following expectations and sign below if you will commit to them. Because we believe so strongly in these items, if you are not willing to commit, we wish you luck in finding other suitable employment. But if you will commit, we thank you!

I will commit to being a loyal, dedicated HFM employee and to endorse, support and demonstrate the standards of our network:	HFM commits and pledges to you:
<ol style="list-style-type: none"> 1. Our HFM mission: Holy Family Memorial is a community of health care professionals who have been rooted for over a century in the healing ministry of the Catholic church and traditions of the Franciscan Sisters of Christian Charity. We provide and promote holistic care to all who seek our services, treating each person with dignity and respecting life through all stages. 2. Our values: Stewardship, Excellence, Respect, Compassionate Caring, & Christian Environment 3. Teamwork 4. Excellent customer service 5. Performance improvement 6. Top quality and efficiency 7. Core behaviors: Professionalism, Improvement, Personal Growth, Teamwork, Courtesy, Customer Service, Enthusiasm, & Reliability 8. Continued learning 9. Personal ownership for remaining informed 10. Being the best employee I can be 	<ol style="list-style-type: none"> 1. A mission-driven organizational culture 2. Competitive wages and benefits, fiscal responsibility, and a supportive, caring, Christian leadership team 3. A faith-based environment in which to work 4. Customer service training and empowerment 5. Creative leadership, open to change and improvement 6. Adequate staffing and resources to do your job 7. Employee involvement in decision making 8. Opportunities for professional and personal growth 9. Open, honest communication 10. Being the best employer we can be

I further understand that as an HFM employee, I will be expected to conduct my work consistent with our code of ethical conduct, work rules, and corporate compliance standards.

I also understand that in the course of my work, I will encounter private and confidential information and agree to abide by confidentiality standards.

MY PERSONAL COMMITMENT

YES. I will commit to live the HFM Mission, Values and Customer Service Standards

 Signature

 Date



Holy Family Memorial

Medical Excellence, Community Commitment

LAST NAME

FIRST NAME

MIDDLE

Mail to:
P.O. Box 1450, Manitowoc, WI 54221-1450
Call: 920-320-8626
Toll Free: 1-800-994-3662 Ext. 8626
E-mail: recruiter@hfmhealth.org

www.hfmhealth.org

APPLICATION FOR EMPLOYMENT

To the applicant: It is the policy of Holy Family Memorial to extend an employment opportunity to qualified applicants on a non-discriminatory basis and without regard to race, color, creed, religion, national origin, age, disability, sex, sexual orientation, marital status, arrest record, ancestry or any other characteristic protected by law. HFM will give full consideration to the employment of disabled or handicapped persons and will make reasonable accommodations. We are an Equal Opportunity Employer.

DATE OF APPLICATION _____ DATE AVAILABLE _____

1. POSITION(S) APPLYING FOR	*JOB NO.	SHIFT	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> IF PART TIME, NUMBER OF HOURS DESIRED PER RN POOL <input type="checkbox"/> WEEK _____ WEEKENDS ACCEPTABLE? YES <input type="checkbox"/> NO <input type="checkbox"/>
2.			HOW OR BY WHOM WERE YOU REFERRED TO US?
3.			
HAVE YOU BEEN EMPLOYED BY HOLY FAMILY MEMORIAL BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			WHEN
			POSITION

*Found on Internet Careers listing or Job Opportunities listing

PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS		APT. NO.	CITY	STATE	ZIP CODE
TELEPHONE NO.		SOCIAL SECURITY NO.		MALE	FEMALE
E-MAIL ADDRESS:			CELL PHONE NO.		
IN CASE OF EMERGENCY NOTIFY:		NAME		RELATIONSHIP	
ADDRESS			TELEPHONE NO.		

EDUCATION

Office use only

NAME & ADDRESS OF SCHOOL	DATES ATTENDED	LIST DIPLOMA, DEGREE, COURSE OF STUDY	DID YOU GRADUATE	IF NO, NO. OF YEARS COMPLETED	VERIFIED
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>		
COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>		
OTHER			YES <input type="checkbox"/> NO <input type="checkbox"/>		

PROFESSIONAL DATA

Office use only

PLEASE LIST REGISTRATION, CERTIFICATE OR LICENSE NUMBER IF APPLICABLE, I.E., NURSING, CPR, PROFESSIONAL LICENSE #, ETC.		VERIFIED
LICENSE NO.:	TYPE:	EXPIRATION DATE:
HAS YOUR PROFESSIONAL LICENSE EVER BEEN RESTRICTED OR SUSPENDED? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, EXPLAIN)		
HAVE YOU EVER BEEN SANCTIONED OR EXCLUDED FROM PARTICIPATION IN GOVERNMENT PROGRAMS? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, EXPLAIN)		

JOB FUNCTIONS

1. CAN YOU PERFORM THE ESSENTIAL FUNCTIONS FOR EACH JOB FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/>
2. IF YOU ANSWERED NO TO QUESTION #1, CAN YOU PERFORM THE ESSENTIAL FUNCTIONS FOR EACH JOB FOR WHICH YOU ARE APPLYING WITH REASONABLE ACCOMMODATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, WHAT REASONABLE ACCOMMODATIONS WOULD YOU SUGGEST?

GENERAL DATA

SALARY EXPECTATIONS	PERSONS IN THE NETWORK WITH WHOM YOU ARE ACQUAINTED?
	1. _____ 2. _____
HAVE YOU EVER BEEN CONVICTED FOR ANY OFFENSE OTHER THAN A MINOR TRAFFIC OFFENSE? (A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT) YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, EXPLAIN)	
CAN YOU TYPE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE COMPUTER SKILLS AND/OR KNOWLEDGE? YES <input type="checkbox"/> NO <input type="checkbox"/>
SPEED:	(IF YES, EXPLAIN)

EMPLOYMENT HISTORY

INDICATE IF EMPLOYED UNDER A DIFFERENT NAME. PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER

PRESENT OR LAST EMPLOYER	DATES EMPLOYED FROM MO./YR. _____ TO MO./YR. _____	YOUR TITLE & JOB DESCRIPTION	REASON FOR CONSIDERING CHANGE			
ADDRESS						
CITY STATE ZIP CODE				MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES	NO
IMMEDIATE SUPERVISOR PHONE NO.			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NO. HRS. _____	STARTING SALARY	FINAL SALARY	
EMPLOYER	DATES EMPLOYED FROM MO./YR. _____ TO MO./YR. _____	YOUR TITLE & JOB DESCRIPTION	REASON FOR LEAVING			
ADDRESS						
CITY STATE ZIP CODE						
IMMEDIATE SUPERVISOR PHONE NO.			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NO. HRS. _____	STARTING SALARY	FINAL SALARY	
EMPLOYER	DATES EMPLOYED FROM MO./YR. _____ TO MO./YR. _____	YOUR TITLE & JOB DESCRIPTION	REASON FOR LEAVING			
ADDRESS						
CITY STATE ZIP CODE						
IMMEDIATE SUPERVISOR PHONE NO.			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NO. HRS. _____	STARTING SALARY	FINAL SALARY	
EMPLOYER PHONE NO.	FROM TO	CITY STATE	YOUR TITLE	REASON FOR LEAVING		

MILITARY DATA

VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>		TRAINING RECEIVED IN SERVICE			
BRANCH OF SERVICE	FINAL RANK	TYPE AND DATE OF DISCHARGE		RESERVE STATUS	

Please read before signing: I certify that the information contained within the application, background information disclosure form, and any other materials submitted are correct to the best of my knowledge and understand that any misrepresentation or omission of information requested on these materials is grounds for immediate dismissal. In consideration of my employment I agree to conform to all rules and regulations of Holy Family Memorial (HFM). I understand that if employed by HFM, none of the conditions or policies explained to me shall constitute either a guarantee or an employment contract. I understand that my employment and compensation can be terminated at any time at the option of either HFM or myself due to changing business conditions. HFM reserves the right to alter policies or conditions at any time. I understand that HFM operates 24 hours per day, 7 days per week, and that weekend/holiday work or changes of shift or hours may be required during my employment.

I authorize HFM to investigate my background, references, employment records, and other matters related to my suitability for employment. I also authorize any background information or reference source to provide HFM with any and all information concerning my previous and current records along with any other pertinent information that they may have, personal or otherwise, without giving me prior notice of such disclosure. I release HFM, along with all background information and reference sources, from any and all liabilities for any damage that may result from investigation or disclosure of such information. I also understand that my employment at HFM is conditional upon satisfactory completion of a background information check and a physical examination which includes alcohol/drug screening. I understand that all results of this employment process, including the results of the background information check and the drug/alcohol screening test may be disclosed by HFM to my current or future employers, or to professional licensing boards and agencies. I authorize the release of the results of this screening process to such agencies, employers, and individuals and release HFM from all liabilities for any damage that may result from such disclosure.

I understand and agree that as a pre-condition to employment, and if employed, as a condition of continued employment that I may be required from time to time to accurately complete a background information disclosure form and to submit to drug and alcohol screening tests to determine compliance with the Drug/Alcohol Abuse and Screening Policy and that failure to cooperate will result in denial of employment and/or discharge.

DATE: _____ SIGNATURE OF APPLICANT _____

THANK YOU FOR APPLYING AT HOLY FAMILY MEMORIAL



REFERENCE AUTHORIZATION AND RELEASE

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to any prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

Previous Names (Maiden) Years Used

Signature of Employment Candidate

Candidate: Do not write below this line.

Reference _____ Name of Candidate _____

Position Applied For _____ SS# _____

What is your relationship to this person? Personal School Employment

Position/Promotions _____

Dates of Employment _____ Salary _____

Please comment on:

	Excellent	Average	Satisfactory	Marginal	Poor
Quality of Work					
Quantity of Work					
Attendance					
Attitude					
Initiative					
Honesty					
Appearance					
Learning Ability					
Overall Performance					

Reason for Termination: _____

Eligible for Rehire? Yes _____ No _____

Comments: _____

Please fold and mail in the enclosed self-addressed reply envelope. If you prefer to respond orally, please call Human Resources at (920) 320-8626. Thank you.

Printed Name

Signature

Date