

APPLICATION FOR EMPLOYMENT

An Equal Opportunity/ Affirmative Action Employer

St. Mark's Medical Center (SMMC) seeks to employ only individuals who treat everyone with dignity and respect, and who commit to complying with SMMC's Behavioral Expectations, Appearance Standards and to providing quality services to our patients and other customers in an empathetic, caring manner.

Please PRINT all information in blue or black ink only.

Last Name		First Name		Middle
SS#	1 st Contact number	2 nd Contact number	3 rd Contact number	
E-mail address		Best time to contact you:		Preference of contact: <input type="checkbox"/> 1 st contact <input type="checkbox"/> 2 nd contact <input type="checkbox"/> 3 rd contact <input type="checkbox"/> e-mail
Address		City	State	Zip

Any Previous name(s) No Yes, identify all other names under which you have been employed:

Please check position you would like to apply for:

Nursing		Lab	Clerical	Business Office
Department:	Position:			
<input type="checkbox"/> Med/Surg	<input type="checkbox"/> Management	<input type="checkbox"/> Management	<input type="checkbox"/> Management	<input type="checkbox"/> Management
<input type="checkbox"/> Surgery	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MT/MLT	<input type="checkbox"/> Any open position	<input type="checkbox"/> Any open position
<input type="checkbox"/> ER	<input type="checkbox"/> LVN	<input type="checkbox"/> Phlebotomist	<input type="checkbox"/> Registration	<input type="checkbox"/> Collections
<input type="checkbox"/> Birthing	<input type="checkbox"/> Tech		<input type="checkbox"/> Public Health	<input type="checkbox"/> Insurance Billing
<input type="checkbox"/> Public Health	<input type="checkbox"/> Nursing Assistant		<input type="checkbox"/> Switchboard	
	<input type="checkbox"/> Ward Clerk			
Imaging (license required)		Pharmacy (requires certification and/or registered)		Administration
<input type="checkbox"/> Management	<input type="checkbox"/> Management	<input type="checkbox"/> Management		<input type="checkbox"/> Management
<input type="checkbox"/> Imaging Tech	<input type="checkbox"/> Tech	<input type="checkbox"/> Tech		<input type="checkbox"/> Any Administrative position
Respiratory Therapy (requires certification and/or registered)		Environmental Services		Other (please specify below)
<input type="checkbox"/> Management	<input type="checkbox"/> Management	<input type="checkbox"/> Management		
<input type="checkbox"/> Tech	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Housekeeping		
	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Maintenance		

Date available to work: Are you applying for: Full Time (36+hrs week) Part Time (16-35 hrs per week) PRN (as needed)

Would you consider working:

Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No	Rotating Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No	On Call <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No	Shift Preference: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		

How did you learn about St. Mark's Medical Center? Did an Employee refer you? If so, who?

Do you have relatives employed by St. Mark's Medical Center? No Yes, please list below.

Have you ever been employed by St. Mark's Medical Center? No Yes, please give dates and department and reason for leaving.

Other information you feel may be helpful to us in considering your application:

Education (highest level attained)

Type of School	Name of School	School City, State Zip Do Not Abbreviate	Circle Last Year Completed	Major Subject	Graduated? Degrees?
High School			9 10 11 12 GED	N/A	N/A
Jr. College			1 2		<input type="checkbox"/> Yes <input type="checkbox"/> No
College			1 2 3 4 5 6		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other					

Professional Licensure and/or Certifications/Registrations Held

DO NOT INCLUDE DRIVER'S LICENSE NUMBER

Type of License	State	Year Acquired	Number	Expiration Date	Have you ever been sanctioned or reprimanded by any state or federal healthcare agency or authority (including, but not limited to, a licensing agency).
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes

Please use the space below to note any special activity, awards, or other information that may demonstrate your abilities to perform the job for which you applied:

Special Skills, Aptitudes, and Other Qualifications

List details of all skills, aptitudes, and other qualifications you feel are relevant to employment by St. Mark's Medical Center.

Typing Speed: _____ wpm (for clerical positions only)

Languages (other than English) that you can read, write or speak: _____

Software skills: Meditech Excel Microsoft Word Other: _____

Present and Prior Employment

(Résumés will not be accepted in lieu of employment information; but may be attached for additional information.)

List previous positions that will account for your employment record over the last 10 years and account for all lapses of time.

May we contact your Present Employer? Yes No

Do not include overtime or shift differential

Present/Last Employer	From		To		Starting Hourly Base Rate	Ending Hourly Base Rate
	Mo.	Yr.	Mo.	Yr.		
Name:						
Type of Business:						
City, State:	Your Job Title:					
Telephone:	Name of Supervisor:					
Responsibilities:						
Reason for Leaving:						

May we contact your Previous Employer? Yes No

Do not include overtime or shift differential

Present/Last Employer	From		To		Starting Hourly Base Rate	Ending Hourly Base Rate
	Mo.	Yr.	Mo.	Yr.		
Name:						
Type of Business:						
City, State:	Your Job Title:					
Telephone:	Name of Supervisor:					
Responsibilities:						
Reason for Leaving:						

May we contact your Previous Employer? Yes No

Do not include overtime or shift differential

Present/Last Employer	From		To		Starting Hourly Base Rate	Ending Hourly Base Rate
	Mo.	Yr.	Mo.	Yr.		
Name:						
Type of Business:						
City, State:	Your Job Title:					
Telephone:	Name of Supervisor:					
Responsibilities:						
Reason for Leaving:						

May we contact your Previous Employer? Yes No

Do not include overtime or shift differential

Present/Last Employer	From		To		Starting Hourly Base Rate	Ending Hourly Base Rate
	Mo.	Yr.	Mo.	Yr.		
Name:						
Type of Business:						
City, State:	Your Job Title:					
Telephone:	Name of Supervisor:					
Responsibilities:						
Reason for Leaving:						

Explain any gaps in employment on a separate sheet of paper.

Personal References: (do not include family members)

Name	Phone Number	Best time to call	Occupation

Application Information

If hired, can you furnish written evidence of right to work in this country? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever been convicted of a felony? (Such conviction may be relevant if job-related but does not bar you from employment.)

No Yes, explain: _____

Applicant Statement

Please read and initial each line before signing application.

____ I have read the attached copy of the SMMC Appearance Standards.

____ I have read the attached copy of St. Mark's Medical Center Behavioral Expectations.

____ By my signature below, I acknowledge that I sincerely believe that St. Mark's Medical Center environment and expectations are in keeping with my own personal beliefs, values and behaviors.

____ I understand I may be required to successfully complete a pre-employment drug screen.

____ I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

____ I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, military, law enforcement, judicial systems, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

____ I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

____ If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

____ I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I acknowledge that I have been made aware, through attachments to this application that St. Mark's Medical Center hires lawful workers only – either US citizens or nationals and non-citizens with valid work authorizations without discrimination.

____ I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I am aware that the information given by me in my application may be investigated, with my full permission, and that any misrepresentations or omissions may cause my application to be rejected.

Miscellaneous

____ I also agree never to disclose or to use, for my personal benefit any confidential information of St. Mark's Medical Center or its patients.

____ If offered employment, I agree to abide by the safety rules and other policies and procedures of St. Mark's Medical Center.

____ St. Mark's Medical Center is an Equal Opportunity Employer. Factors such as age, color, national origin, mental or physical disability, race, religion, sex or military status shall not be used in a discriminatory way in any employment activity. St. Mark's Medical Center complies with all applicable state and federal laws, including the Civil Rights Act of 1866, Civil Rights Act of 1964 (Title VII), the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1975, the Equal Pay Act of 1963, and the Americans with Disabilities Act of 1990.

____ **This application is kept for only six (6) months.** I understand that at the conclusion of that time, if I have not been contacted by St. Mark's Medical Center and still want to be considered for employment, I must complete a new application..

____ **Submission of this application neither automatically results in an employment interview nor a job offer.**

____ All applicants who are hired for a position at St. Marks Medical Center will be required to participate in direct deposit for their paycheck.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of applicant: _____ Date: _____

Thank you for completing this application and for your interest in employment with us. We would like to assure you that opportunity for employment with St. Mark's Medical Center will be based only on your merit and on no other considerations.

REQUEST FOR REFERENCE

To be completed by Applicant - Please make sure to sign each section.

I, _____, authorize you to furnish St. Mark's Medical Center information relating to my employment with your company or companies. Please answer all questions. Copies of this form maybe made for multiple reference checks.

_____ Signature _____ Date _____
Social Security Number

To be completed by St. Mark's Medical Center

Date: _____ Type of Reference: (circle one) Business or Personal
Reference Name and/or Company: _____
Telephone: _____ Fax Number: _____ Attn: _____
E-mail address: _____

To Whom It May Concern:

_____ has applied with our hospital as a _____. You were listed as a reference. Your response to the following questions/statements will help us in making a decision.

Business Reference:

This person was employed with you on a full time/part time/PRN basis from _____ until _____ in the position of _____.

To be completed by Previous Employer / Personal Reference

Please mark the correct response:	Yes	No		Yes	No
Business Reference			Personal Reference		
1. Would you rehire?	_____	_____	1. How long have you known the applicant?		_____
2. Punctual in reporting to work?	_____	_____	2. What is the nature of your relationship?		_____
3. Demonstrated dependability?	_____	_____	3. Is this person dependability?	_____	_____
4. Used proper channels for communication?	_____	_____	4. Do you think this person would be good for this position?	_____	_____
5. Demonstrated adequate knowledge/skills for the job?	_____	_____	5. Does the applicant have good social interaction?	_____	_____
6. Demonstrated constructive attitudes toward institutional/agency policies?	_____	_____	6. Is the applicant a reliable and positive individual?	_____	_____
7. Promoted harmonious working relationships with coworkers?	_____	_____	7. Is there any reason why this applicant would not be suitable for this position?	_____	_____
8. Demonstrated adequate organizational skills?	_____	_____	If not, please explain.		
9. Demonstrated honesty and loyalty?	_____	_____			

Other comments: _____

Signature: _____ Title: _____ Date: _____



One St. Mark's Place - La Grange, Texas 78945
Phone: 979-242-2220

APPLICANT EEO DATA FORM

AN EQUAL OPPORTUNITY EMPLOYER

The information requested is optional and is being collected for the purpose of reporting for Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application of employment. It will be separated from the application.

Date: _____

Social Security #:		Last Name:		First:		Middle:			
Address:									
City:					State:		Zip:		
Home Phone:				2 nd Phone:					
Sex:		Date of Birth:		Veteran:		Disabled Veteran:		Individual with a Disability:	
<input type="checkbox"/> M-Male				<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	
<input type="checkbox"/> F-Female									

St. Mark's Medical Center (SMMC) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, SMMC invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

Signature: _____ Date: _____



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APPEARANCE STANDARDS
Refer to Policy # [HRS-9021](#)- Employment Process

These Standards provide written minimum guidelines regarding uniforms and personal appearance within St. Mark's Medical Center (SMMC), which assist in creating and maintaining a safe, conservative and professional environment. While these are minimum guidelines for all employees of SMMC, departmental standards may be more prescriptive at the discretion of the department director.

NAME BADGES

- A name badge is part of each employee's required attire. Name badges must be visible and facing toward the front at all times while on duty.
- Name badges must be worn above the waist.
- Nothing should be attached to the badge; a limited number of pins may be attached to a badge holder.

HAIR

- Hair shall be clean and neat with no styles that would, by a reasonable standard, invite negative feedback from a customer.
- Hair may not be dyed unnatural colors (such as green or purple). Bleached hair is acceptable.
- Hair ornaments, if worn, shall be moderate and in good taste.
- Shoulder length or longer hair shall be pulled back or covered where there is a health or safety consideration.
- Well-groomed, clean shaven; trimmed beards, sideburns and mustaches are allowed, but may not interfere with personal protective gear.

DAILY HYGIENE

- Daily hygiene must include clean teeth, hair, clothes and body, including the use of deodorant.
- Business attire and uniforms are to be clean, pressed and in good condition.

NAILS

- Nails must be conservative in length (not to exceed ¼ inch beyond the fingertip) and must be neatly manicured.
- If nail polish is used, it may not be black, blue, green, or yellow shades. All nails must be solid in color and the same color. No nail jewelry or nail art is allowed.
- All healthcare providers/staff who provide direct patient care, directly supervise patient care or have contact with patient care supplies, equipment or food will adhere to the fingernail policy set by Infection Control.

SCENTS

- Men and women's scents are permitted if mild and not used to mask body odor.

MAKEUP

- Makeup should be used to enhance a natural look and should not detract from a person's appearance.
- Extreme or excessive makeup will not be allowed.

JEWELRY

- No more than two fingers with rings per hand for female employees and one ring per hand for male employees.



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APPEARANCE STANDARDS
Refer to Policy # [HRS-9021](#)- Employment Process

- Necklaces and bracelets should be tasteful, not elaborate or excessive, and must not interfere with the employee's work function or be a safety and health consideration.
No more than two earrings in the lobe per ear by female staff. Earrings are not to be worn by male staff.
- Earrings shall not be larger than a quarter in size and shall not hang down more than 1" below the earlobe.
- Body piercing is permitted in ears only; no other visible body piercing is permitted.
- Only one brooch (pin) may be worn.
- Consult department policy for additional regulations and standards.

SKIRTS

- Skirt length shall be no shorter than 3 inches above the top of the knee when standing and may not be tight fitting.
- Skorts will not be permitted.

PANTS

- Pants should not be tight fitting.
- No denim pants of any color, except for maintenance and grounds employees.
- Spandex, leggings, athletic wear, shorts, capris and sweat suits shall not be worn.
- Casual slacks may not be worn (ie Dockers, Chinos)

SHIRTS

- Shirts shall be buttoned up to the second button from the top.
- No tank tops, or low cut blouses, or midriffs (short blouses ending before or at the waist) or T-shirts unless layered under garments for warmth.

SHOES

- Shoes should be kept clean and in good repair. Shoelaces should be clean, in good repair and tied at all times so as not to create a tripping hazard.
- Heels shall be no higher than three inches.

OTHER

- Appropriate socks or hosiery must be worn. Ornamental or textured hosiery is not permitted (i. e. lace, rhinestones, bows, etc.). Hose (not socks) will be worn with dresses. No bare feet or legs.
- Sunglasses are to be worn indoors only if prescribed by a physician or required for the job.
- Portable, personal audio equipment (headphones) are not to be used while on work premises.
- Hats shall be worn only as part of a uniform, for safety reasons or for religious purposes.
- Visible tattoos and body art are strongly discouraged. Tattoos and body art that are profane or gang related are not permitted and must be covered at all times while on duty.
- No visible passion marks (i. e. hickies)
- Revealing clothing is not permitted and proper undergarments shall be worn.
- No denim of any color shall be worn, including skirts, dresses, shirts and vest.

UNIFORMED EMPLOYEES

- Departmental approved uniforms must be worn by all staff.

CONTRACT EMPLOYEES

- Contract employees must also adhere to St. Mark's Medical Center appearance standards.

Any requests for an exception to policy due to medical or religious reasons, must be presented in writing, to Human Resources with supporting documentation.



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BEHAVIORAL EXPECTATIONS

Refer to Policy # [HRS-9021](#)- Employment Process

It is the responsibility of every St. Mark's Medical Center employee to treat all of our customers, patients, families, physicians, co-workers, Auxiliary, and all outside contacts with courtesy, dignity, respect, and professionalism. The following are specific expected behaviors and customer service performance standards by which all employees are measured in their appraisals:

COURTESY

- Welcome and/or greet internal and external customers in a professional, polite and respectful way.
- Greet others in the hallways and at workstations with kind words or a smile.
- Assist people in finding proper resources for problem resolution.
- Make eye contact; introduce yourself and explain purpose, when appropriate.
- Listen carefully; do not interrupt; give people your full attention.

RESPECT

- Respect privacy and dignity.
- Use a professional and respectful tone of voice.
- Discuss confidential or sensitive information about customers, employees, or hospital business only with those having a valid need to know and do so privately, never in public places.

RESPONSIVENESS

- Respond in a timely manner to requests for help.
- Provide the services or information requested, or find someone who can.
- Provide a time-frame for providing service and explain delays.

COMMUNICATION

- Offer information on departmental processes and procedures as appropriate.
- Invite questions and comments.
- Communicate with clarity and professionalism both orally and in writing.
- Keep people informed while resolving issues or getting answers to questions.
- Arrange for interpretation services when needed.

TEAMWORK

- Take responsibility for improving processes and systems; look for new and better ways of doing things.
- Work as a member of St. Mark's Medical Center team; perform duties in a way that makes it easier for others to perform theirs.
- Follow through in meeting deadlines and keeping promises.
- Work with customers and clients to address complaints, frustrations and service problems.

PROFESSIONALISM

- Present a positive image.
- Wear name badge or name tag so the name is clearly visible at all times while on duty.
- Limit eating, drinking and smoking to designated areas.
- Avoid personal conversations with co-workers when providing patient care or other customer services.
- Make no inappropriate or negative comment about co-workers, physicians, or any part of St. Mark's Medical Center in the presence of, or within hearing of any internal or external customer.

- Demonstrate a professional attitude toward co-workers and customers.
- Demonstrate an ongoing responsibility and commitment to the job through attendance and punctuality in relation to stated work.
- Follow appropriate telephone guidelines.
- Maintain a professional appearance and manner that is appropriate to assignment as well as following St. Mark's Medical Center Appearance Standard guidelines.