



Queen of Peace Hospital

Bringing Medical Excellence Home

APPLICATION FOR EMPLOYMENT

Queen of Peace Hospital
301 Second Street NE
New Prague, MN 56071
(952) 758-4431

An Equal Opportunity Employer / AA Plan

OUR MISSION

The Mission of Queen of Peace Hospital is to serve those
in need of health care as if they were Christ Himself.

Thank you for considering employment at Queen of Peace Hospital.

Please provide us with the following information wherever appropriate.

No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, creed, religion, sex, national origin, marital status, sexual orientation/affection, veteran's status, age or handicap.

Application Date: _____

Personal Information		
First Name	Last Name	Previous Last Name(s)
Street Address		City, State , Zip
Home Phone	Cell Phone	Work Phone
Email	Preferred Method of Contact	

Position Information		
Position	Desired Location	Department Preference

Availability (Check all that apply)			
Status	Shift	Days	Availability
FT	Day	Monday	Rotating Shifts
PT	Evening	Tuesday	Weekends
Casual	Overnight	Wednesday	Holidays
Temporary		Thursday	
		Friday	
		Saturday	
		Sunday	
Specify Any Limitations To Schedule Of Shift Assignment:			
Available Start Date:			
Desired Wage:			

Employment History (Start with current or most recent employer)		
Employer	Job Title	
Job Duties		
Hire Date	Separation Date	Last Salary
May we contact this employer? No Yes	Supervisor Name/Title	Supervisor's Phone
Reason For Leaving:		

Employment History (Start with current or most recent employer)		
Employer	Job Title	
Job Duties		
Hire Date	Separation Date	Last Salary
May we contact this employer? No Yes	Supervisor Name/Title	Supervisor's Phone
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May we contact this employer? No Yes	Supervisor Name/Title	Supervisor's Phone
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Credentialing				
(To be completed by Registered, Licensed, or Certified Applicants only)				
Professional License/Certification/Registration	Year	Expiration Date	State	Number

Skill Assessment	
(Check those skills only for which you consider yourself to be proficient)	
Medical	Computer
Coding	CPSI Outlook
Transcription	Word PowerPoint
Medical Terminology	Excel Publisher
List any other experience or training related to the position you are applying for:	

Education					
Type	School Name	Course of Study	Years Completed	Did you Graduate?	Degree/Diploma
High School/GED					
Business/Vocational/Technical School					
College or University					
Graduate School					

Background Information	
Have you previously completed an application at Queen of Peace Hospital or SMMC? No Yes	Have you been excluded from participation in Federal Health Care Program? No Yes
Are you a US citizen, or can you provide evidence of your legal right to work in the US? No Yes	Are you 18 years of age or older? No Yes
Have you ever been convicted of a crime? Conviction of a crime is not an automatic disqualification to employment. We will consider all relevant facts and circumstances surrounding the conviction: No Yes	If yes, give dates, charge, city and state, county, type of conviction, sentence or fine:

APPLICANT'S STATEMENT
*****READ BEFORE SIGNING*****

I hereby declare that the information provided by me in this application is true and complete, and I understand that falsification of the information in connection with my application is grounds for refusal to hire, or, if hired, termination.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you. A photocopy of this release shall be as valid as the original and may be relied on by all persons providing information.

I understand and agree that any offer of employment is dependent upon satisfactory completion of Queen of Peace's pre-employment investigation, which includes, but not limited to, background check, work history verification and reference checks. I authorize you to request, receive, and verify all information given on this application.

I further acknowledge that if Queen of Peace Hospital employs me, my employment will be at will and may be terminated with or without cause at any time by me or by Queen of Peace Hospital. I understand that if I am hired I will be required to sign a confidentiality statement as a condition of my employment.

Applicant's Signature _____ **Date** _____

In compliance to the Title VII of the Civic Rights Act of 1964, (as amended by the Civil Rights Act of 1968 and the Equal Opportunity Act of 1972), Executive Order 11246, the Age of Discrimination in Employment Act of 1967, as amended, Section 501, 503 and 504 of the Rehabilitation Act of 1973, the Minnesota Human Rights Act, and other equal employment opportunity requirements, Queen of Peace Hospital does not discriminate in employment practices because of race, color, creed, religion, sex, national origin, marital status, sexual orientation/affection, veteran's status, age or handicap.

APPLICANT SURVEY

Position Applying For: _____ **Date:** _____

Referral Information

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EEOC Affirmative Action Compliance

Queen of Peace considers applicants for all positions without regard to race, color, creed, religion, national origin, veteran status, gender, age disability, marital status, sexual orientation, or status with regard for public assistance. Requests for accommodations will be considered and honored based on reasonableness of request.

The following information is necessary for this company to evaluate its hiring practices and to track its progress and effectiveness in complying with its Affirmative Action Plan and equal employment policies. The information is **voluntary** and will be kept confidential insofar as possible. Information provided will not be negatively considered in any part of the selection process.

Ethnic Background	Veteran Status
<p>White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p>American Indian or Alaska Native - 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.</p> <p>Black or African American - A person having origins in any of the black racial groups of Africa.</p> <p>Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p>Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>Asian - 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.</p> <p>Two or More Races - All persons who identify with more than one of the above five races.</p>	<p>VIETNAM ERA VETERAN - A person who has served more than 180 days of active duty from August 5, 1964 to May 7, 1975.</p> <p>DISABLED VETERAN - A person entitled to disability compensation by the Veteran's Administration for disability at 30% or more, whose discharge was for a disability incurred in the line of duty.</p> <p>RECENTLY SEPARATED VETERAN</p>
Sex	Disability Status
<p>Female</p> <p>Male</p>	<p>Disability (Qualify as a disabled individual as defined by the Americans with Disabilities Act).</p>