



Rosewood on Broadway

SMP Health System

1351 Broadway
Fargo, ND 58102
(701) 277-7999

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY IN INK

POSITION APPLYING FOR: _____ DATE OF APPLICATION: _____
IF NO POSITION IS LISTED, THE APPLICATION MAY NOT BE CONSIDERED FOR EMPLOYMENT

PERSONAL

LAST NAME		FIRST NAME			MID. INT.	
HOME ADDRESS				APT. #	CITY	
STATE		ZIP CODE				
(AREA CODE) TELEPHONE NUMBER		U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		SOCIAL SECURITY #:		
		IF NO, VISA TYPE AND NUMBER:		IS YOUR AGE: UNDER 18 <input type="checkbox"/> YES <input type="checkbox"/> NO		
LIST ANY REASON KNOWN TO YOU WHY YOU MIGHT NOT BE ABLE TO PERFORM CONSISTENTLY AND PROMPTLY ANY OF THE DUTIES OF POSITION APPLIED FOR: (Please review job description before answering this question)						
DATE AVAILABLE		STARTING SALARY NEEDED		WILL YOU ACCEPT ANOTHER POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY		
WILL YOU ACCEPT SHIFT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU ACCEPT WEEKEND WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU WORK <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PRN		
WERE YOU PREVIOUSLY EMPLOYED AT ROSEWOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES: WHERE		WHEN		IN WHAT CAPACITY		
HAVE YOU EVER BEEN CONVICTED OF A CRIME: <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HAVE A FRIEND OR RELATIVE WORKING HERE?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, GIVE DATE(S), OFFENSE(S) AND DISPOSITION:			NAME	DEPT.	RELATIONSHIP	
HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATION IN ANY FEDERAL OR STATE MEDICARE, MEDICAID OR ANY OTHER THIRD PARTY PAYOR PROGRAM OR HAVE SUCH PENDING ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, A LETTER SHOWING REINSTATEMENT IS REQUIRED FOR FURTHER CONSIDERATION FOR EMPLOYMENT.						

EMPLOYMENT HISTORY

LIST MOST RECENT POSITION FIRST			LIST OTHER NAMES USED WHILE EMPLOYED WITH THESE EMPLOYERS		
FROM MO. YR.	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE NO.
TO MO. YR.	ADDRESS: STREET	CITY	STATE	ZIP CODE	POSITION HELD
Briefly describe the work you performed:					ENDING SALARY _____ per _____
Reason for leaving:					MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM MO. YR.	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE NO.
TO MO. YR.	ADDRESS: STREET	CITY	STATE	ZIP CODE	POSITION HELD
Briefly describe the work you performed:					ENDING SALARY _____ per _____
Reason for leaving:					
FROM MO. YR.	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE NO.
TO MO. YR.	ADDRESS: STREET	CITY	STATE	ZIP CODE	POSITION HELD
Briefly describe the work you performed:					ENDING SALARY _____ per _____
Reason for leaving:					

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION								
SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	DATES		COURSE OF STUDY	DID YOU GRADUATE	DIPLOMA DEGREE
				FROM	TO			
ELEMENTARY				MO.	YR.	MO.	YR.	
HIGH SCHOOL								<input type="checkbox"/> YES <input type="checkbox"/> NO
TRADE								<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE								<input type="checkbox"/> YES <input type="checkbox"/> NO
GRADUATE								<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT THAT YOU OPERATE PROFICIENTLY:

REFERENCES (NAMES OF PERSONS NOT RELATED TO YOU)		
NAME	ADDRESS	PHONE

PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS • DO NOT INCLUDE DRIVER'S LICENSE					
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	NUMBER	ELIGIBLE

APPLICANT'S STATEMENT
<p>I certify that all information contained in this application is true, and understand that any misleading or false information or willful omission will be sufficient cause for immediate dismissal or refusal of employment.</p> <p>I understand that all information in this application is subject to verification and that Rosewood on Broadway may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. By my signature below, I consent to a criminal history background checks. I also authorize all individuals, schools, businesses, employers (past and present), and references herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.</p> <p>I further understand that employment is "at-will" and that nothing contained in this employment application or statements made during the interview process if an interview is granted, are intended to create an employment contract between Rosewood on Broadway and myself for either employment or for the providing of any benefit.</p> <p>I also understand that Rosewood on Broadway requires pre-employment drug and alcohol testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer of employment is conditioned on the prospective employee testing negative for illegal drugs and alcohol. I understand and agree to submit to the required pre-employment testing if an offer of employment is made to me.</p> <p>I acknowledge and understand that I am required to immediately notify Rosewood on Broadway if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payor program. I have read and understand the above.</p> <p>Signature: _____ Date: _____</p>

IMPORTANT NOTICE TO ALL APPLICANTS
<p>If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents and nonimmigrants. You will have to provide documents within 3 days of your hire date to verify your identity and eligibility to work.</p>

ROSEWOOD'S STATEMENT:

Rosewood on Broadway, in union with the Sisters of Mary of the Presentation, works for the glory of God by bringing the Word and Healing of Jesus Christ to all, with a special concern for the poor. Rosewood through a shared ministry with the laity participate, through the health care mission in the work of healing which is, ultimately, the work of God. Our individual inspiration is Jesus and His Gospel message. Permeated with the Charism of the Sisters of Mary of the Presentation, we minister to one another and to all who come to us for care: those who suffer from physical, psychological and social woundedness.

APPLICANT DISCLOSURE AND RELEASE FOR BACKGROUND CHECKS

In connection with my application for employment with Rosewood on Broadway, I understand that background checks will be performed on me if I receive an offer of employment from Rosewood on Broadway. I understand that an offer of employment is conditional on the results of the background information. The background information will be obtained through:

ADVANTAGE CREDIT BUREAU
115 North University Drive, Suite 5, Fargo, ND 58102
Toll free phone: 1-800-568-4478 / Fax: 701-239-9963

I understand the information obtained from a background check may include my past employment history, criminal history and driving record. I further understand that the background information is not limited to the current state of my residence, but may include information from any other state where I have resided.

I authorize all persons and companies contacted by the Employer or its representatives to provide the requested background information. I understand and agree to release the aforesaid from any liability for collecting my background information.

I understand that if adverse action is taken by Rosewood on Broadway based on the results of my background check, I will be given notice orally, in writing, or electronically of such adverse action. I further understand that I may request in writing within a reasonable period of time, a complete disclosure of the nature and scope of the background investigation. I also understand that I have the right to dispute the accuracy or completeness of any information furnished by the reporting agency. I further understand that the reporting agency supplying the information does not make the decision to take adverse action and cannot give specific reasons for the adverse action, only the employer makes such a decision.

I further authorize Rosewood on Broadway, if I am hired, to request a background report about me, for employment related purposes, at any time during the course of my employment to the extent allowed by law. I agree that this Disclosure and Release will be valid, now or in the future, in original, faxed, copied or electronic form.

First Name _____ Middle _____ Last _____

Any other name(s) used _____

Social Security # _____

Present Address

Previous Cities/States of Residence During Last 7 Years

Applicant Signature _____ Date _____

Rosewood on Broadway
Our Mission
Commitment by potential employee

We are the people of Catholic Healthcare, fostering deep respect for the uniqueness of each person. We believe that aging is a lifelong process.

Relationships are purposely developed and nurtured among residents, families, staff, and community. Consistent care for a designated group of individuals enhances the personalization and continuity of care. This builds trust and meaningful relationships throughout the team.

Environment is homelike and hospitable. Our facility is *home* for most residents. In the spirit of hospitality, we provide a homelike environment to enhance socialization, independence, and dignity. Environmental adaptations, programming and educational efforts contribute to a homelike atmosphere.

Stewardship of our resources is using responsibly all that we have been given. Human, fiscal and material stewardship is the foundation of our mission. We value these God given gifts. We seek to develop and utilize them for the benefit of the whole community.

People directed enables people to maximize choices and have control of their lives, which is essential to maintain human dignity. Residents are the key decision makers of their care with staff assisting them to carry out their wishes. We focus on rights and responsibilities rather than on rules and schedules. Flexibility is necessary so care can be truly individualized.

Ethical decision making is guided by the Ethical & Religious Directive for Catholic Healthcare. We act on behalf of justice for all, especially for the most vulnerable in society.

Compassionate care recognizes that each person's life is of utmost value and deserves respect and care at all stages. Individuals vary in their response to aging and to chronic health conditions. We focus on health and wellness while assisting in areas where support and healing are needed. We attend to the whole person emotionally, spiritually, socially, and physically. Interventions will promote growth and independence and maximize each individual's potential.

Teamwork and dedication promotes an atmosphere of service and open communication between residents, family and staff where each person is responsible and accountable. We commit ourselves to the common good by serving with joy and integrity. Moral commitment to truth, responsibility, purpose, trust and professionalism guides us in our daily mission

Our Mission

Rosewood on Broadway, in union with the Sisters of Mary of the Presentation, works for the glory of God by bringing the Word and Healing of Jesus Christ to all, with a special concern for the poor. Rosewood on Broadway through a shared ministry with the laity participate, through the health care mission in the work of healing which is, ultimately, the work of God. Our individual inspiration is Jesus and His Gospel message. Permeated with the Charism of the sister of Mary of the Presentation, we minister to one another and to all who come to us for care: those who suffer from physical, psychological, and social woundedness.

By signing this document I hereby state that I have read, understand and commit myself to put into action Rosewood on Broadway's Mission and RESPECT Philosophy (or values) at work at Rosewood on Broadway.

Signature _____ Date _____