



# 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 IF NO, VISA TYPE AND NUMBER:			SOCIAL SECURITY #:		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 <b>CONVICTED</b> OF A CRIME: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE(S), OFFENSE(S) AND DISPOSITION:				DO YOU HAVE A FRIEND OR RELATIVE WORKING HERE?: <input type="checkbox"/> YES <input type="checkbox"/> NO 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 <b>MOST RECENT</b> 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	ENDING SALARY _____ per _____	
Briefly describe the work you performed:							
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	ENDING SALARY _____ per _____	
Briefly describe the work you performed:							
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	ENDING SALARY _____ per _____	
Briefly describe the work you performed:							
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

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.

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.

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.

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.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT NOTICE TO ALL APPLICANTS

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.

## 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 \_\_\_\_\_

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints  Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Rosewood on Broadway  
Our Mission  
Commitment by potential employee

## MISSION

Rosewood on Broadway, 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.

## VALUES

**Relationships** are purposely developed and nurtured among residents, families, staff, and community. Consistent relationships between resident and staff build trust and enhance continuity of care.

**Environment** is homelike offering Christ-like hospitality to enhance socialization, independence, and dignity.

**Stewardship** is using responsibly all of our God given gifts.

**People directed** honors residents' choices, encourages them to maintain control of their lives and preserves their human dignity.

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

**Compassionate care** calls us to love and respect those in our care as Jesus would, recognizing the individuality of each person and responding to their physical, emotional, spiritual and social needs.

**Teamwork** commits us to the common good by serving the Spirit filled joy and integrity. All team members are individually responsible for promoting an atmosphere of service and open communication among residents, family and staff.

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 in my work at Rosewood on Broadway.

Signature \_\_\_\_\_ Date \_\_\_\_\_