



**SOUTH BEND MEDICAL  
FOUNDATION, INC.**  
530 North Lafayette Boulevard  
South Bend, IN 46601

PHONE: (574) 236-1375

# APPLICATION FOR EMPLOYMENT

(Please Print)

Applications for employment are accepted 8:00 a.m through 5:00 p.m. Monday through Friday, excluding holidays. The South Bend Medical Foundation provides equal employment opportunities based on skills and experience necessary to perform the job without regard to race, color, sex, religion, national origin, age, or disability. Furthermore, the South Bend Medical Foundation will not refuse to hire a qualified disabled applicant who is capable of performing the essential requirements of the job with or without reasonable accommodation. Applications remain active for three months from the date submitted.

\_\_\_\_\_  
Date of Application

Position(s) Applying For: \_\_\_\_\_ Position Number \_\_\_\_\_

Referral Source:

Newspaper/Publication       Referred by SBMF Employee \_\_\_\_\_  
Employee's Name

Walk-in       Recruitment Agency       Website/Internet       Other (Specify) \_\_\_\_\_

Name \_\_\_\_\_ S.S. # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_  
Home Work

Are you seeking:       Full-Time       Part-Time       Temporary       Seasonal (Specify) \_\_\_\_\_

Would you be able to work:       Saturdays       Sundays       Holidays  
    Day Shift       Evening Shift       Night Shift

Prefer to work: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Salary requirement: \_\_\_\_\_

Are you legally authorized to work in the United States? (Note: Proof of citizenship or immigration status will be required upon employment.)       Yes       No

If "no," please explain: \_\_\_\_\_

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status?)       Yes       No

Have you ever been convicted of or plead guilty or no contest to a crime (felony or misdemeanor)?       Yes       No

Have you been arrested for any felony or Class A misdemeanor in the past for which charges are pending?       Yes       No

Are you currently out on bail or on your own recognizance pending trial on these charges?       Yes       No

If you answered "Yes" to any of the above three questions, please describe in full, including date, court circumstances, and if applicable, whether you were convicted of a felony or misdemeanor\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Note: A prior conviction, arrest or current charges will not necessarily result in a decision not to hire you. South Bend Medical Foundation will consider, among other factors, the nature and seriousness of the offense, the time that has passed since the conviction and/or completion of the sentence and the nature of the job you are seeking.**

Have you ever been the subject of any adverse action by any duly authorized sanctioning or disciplinary agency for either conduct-based or performance-based actions (i.e., OIG Medicare/Medicaid sanction)?  Yes  No

If yes, provide all circumstances: \_\_\_\_\_

\_\_\_\_\_

SBMF has a policy of assuring that the work environment is free from harassment and discrimination. Have you ever been accused of sexual or other harassment or employment discrimination?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Were you formerly employed with SBMF?  Yes  No If yes, when? \_\_\_\_\_

Previous name while employed with SBMF if applicable: \_\_\_\_\_

List any relative(s) presently employed with the SBMF. (*This information will be used only for job assignment.*)

Name	Relationship	Department

Name	Relationship	Department

Please list any other name under which you were employed \_\_\_\_\_

If you are now employed, why do you want to change your position? \_\_\_\_\_

\_\_\_\_\_

Except for vacations and holidays, how many work days were you absent during the past calendar year?

0-5 days     6-10 days     11-15 days     16-20 days     21+ days

### RECORD OF EDUCATION

School	Name and Address	Did you graduate?	Years Completed	Degree Obtained	Major Subjects
High School		<input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
		<input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 4		
College		<input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
		<input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 4		
Graduate School		<input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
		<input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 4		
Technical or Professional Training		<input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
		<input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other		<input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
		<input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 4		

Are you presently attending school? \_\_\_\_\_

List professional certification(s), if applicable \_\_\_\_\_

Registration Number \_\_\_\_\_ Date Received \_\_\_\_\_ Expiration Date \_\_\_\_\_

Typing Speed: \_\_\_\_\_ WPM (Complete if applicable to position desired.)



## UNEMPLOYMENT RECORD

Account for all periods of unemployment of one month or more since you left school until the present time.

From	To	What were you doing during this time?
Mo./Yr.	Mo./Yr.	
Mo./Yr.	Mo./Yr.	
Mo./Yr.	Mo./Yr.	
Mo./Yr.	Mo./Yr.	
Mo./Yr.	Mo./Yr.	
Mo./Yr.	Mo./Yr.	

List any professional organizations, honors received, special training, or additional work experiences, **which are relevant to the position for which you are applying** \_\_\_\_\_

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**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**PLEASE READ THE FOLLOWING BEFORE SIGNING**

I hereby authorize the release of any employment data relevant to my employment with South Bend Medical Foundation ("SBMF") for the purpose of an employment investigation. I authorize a thorough investigation of my past employment, activities, and background and agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. This investigation may also include a determination regarding whether I have a criminal record.

I agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my employment will result in disqualification from consideration for employment, or, if hired, termination.

I fully understand that if employed, any misrepresentation or omission on this Application or any other SBMF record will result in dismissal, regardless of the date of discovery. I acknowledge that employment is also subject to a satisfactory review of my references.

Neither this Application nor any statement made to me during the hiring process or thereafter shall be considered a contract of employment of any kind. Where such a contract is intended, I understand that it will be separately entered into and signed by the President of SBMF. Absent such a contract, I understand that, if hired, my employment will be terminable-at-will, with or without cause or notice, that I am not being employed for any specified or definite period of time, and that this application is not intended to be a contract, offer, statement or confirmation of or for continued employment. I understand that any employee handbook or manual does not represent an employment contract if I am hired. SBMF may alter, modify, amend, or terminate any of its policies and benefits, both as to active and retired employees.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Thank you for completing this application and for your interest in the South Bend Medical Foundation, Inc.

# Voluntary Self-Identification Form

The South Bend Medical Foundation is committed to the principle of equal employment opportunities for all employees and candidates for employment. The Equal Employment Opportunity Commission has provided the following statement about the voluntary nature of the inquiry as well as requiring us to ask the questions below.

The South Bend Medical Foundation is subject to certain governmental record keeping and reporting requirements for the administration of civil rights and regulations. In order to comply with these laws, we invite applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential (separate from personnel files) and will 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. Thank you for your cooperation.

## Section 1: General Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applying for: \_\_\_\_\_

**Section 2: Gender Information**      What is your gender?     Male     Female

## Section 3: Ethnicity and Race Information:

1. Are you **Hispanic or Latino**? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

Yes (Proceed to Section 5)     No (Proceed to next question)

2. What is your 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/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 Subcontinents, 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 maintains a 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)

Please list your races: \_\_\_\_\_

**Section 4: Self Identification:** If you do not wish to self-identify, please check here

**Section 5: Referral Source:** How did you hear about our opening?

- Newspaper publication       Referred by SBMF employee       Walk-in       Recruitment Agency
- Website/Internet       Other (specify) \_\_\_\_\_

*Thank you for your voluntary participation in this survey*