



Holy Family Memorial
Sponsored by the Franciscan Sisters of Christian Charity

Scholarship Application

PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS		CITY		STATE	ZIP CODE
TELEPHONE NO.		SOCIAL SECURITY NO. (OPTIONAL)			
CELL PHONE NO.		E-MAIL ADDRESS			
EMERGENCY CONTACT:	NAME	TELEPHONE		RELATIONSHIP (OPTIONAL)	

GENERAL INFORMATION

TYPE OF SCHOLARSHIP APPLYING FOR		EXPECTED DATE OF GRADUATION	
1.			
HAVE YOU BEEN EMPLOYED BY HOLY FAMILY MEMORIAL BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		DATES OF PREVIOUS HFM EMPLOYMENT	NAME USED WHILE EMPLOYED
DATE OF APPLICATION	DATE AVAILABLE	HOW OR BY WHOM WERE YOU REFERRED TO US?	
	PERSONS IN THE NETWORK WITH WHOM YOU ARE ACQUAINTED? 1. 2.		
Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, please explain:	
Have you ever been subject of any adverse action(s) by any duly-authorized sanctioning or disciplinary agency for either conduct-based or performance-based actions? YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, please explain:	

P.O. Box 1450, Manitowoc, WI 54221-1450
(920) 320-4031 Toll Free: 1-800-994-3662 Ext. 4031
recruiter@hfmhealth.org
www.hfmhealth.org

To the applicant: It is the policy of Holy Family Memorial (HFM) to extend an employment opportunity to qualified applicants on a non-discriminatory basis and without regard to race, color, creed, religion, national origin, age, disability, sex, sexual orientation, marital status, arrest record, ancestry or any other characteristic protected by law. HFM will give full consideration to the employment of disabled or handicapped persons and will make reasonable accommodations. We are an Equal Opportunity/Affirmative Action Employer.

EDUCATION & LICENSURE

Office
use only

NAME & ADDRESS OF SCHOOL	DATES ATTENDED (OPTIONAL)	LIST DIPLOMA, DEGREE, COURSE OF STUDY	DID YOU GRADUATE?	IF NO, # OF YEARS COMPLETED	VERIFIED
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>		
COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>		
OTHER			YES <input type="checkbox"/> NO <input type="checkbox"/>		
PLEASE LIST REGISTRATION, CERTIFICATE OR LICENSE NUMBER IF APPLICABLE, I.E., NURSING, CPR, PROFESSIONAL LICENSE #, ETC.					VERIFIED
LICENSE NO.:		TYPE:	EXPIRATION DATE:		

MILITARY DATA

VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>		TRAINING RECEIVED IN SERVICE	
BRANCH OF SERVICE	FINAL RANK	TYPE AND DATE OF DISCHARGE	RESERVE STATUS

EMPLOYMENT HISTORY ****PLEASE ATTACH A RESUME IF MORE SPACE IS NEEDED****

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	JOB TITLE/DUTIES	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR LEAVING	SUPERVISOR	PHONE #	
NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	JOB TITLE/DUTIES	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR LEAVING	SUPERVISOR	PHONE #	
NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	JOB TITLE/DUTIES	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR LEAVING	SUPERVISOR	PHONE #	

AUTHORIZATION & AGREEMENT



I certify that the information contained within the application, background information disclosure form, and any other materials submitted are correct to the best of my knowledge and understand that any misrepresentation or omission of information requested on these materials is grounds for immediate dismissal. In consideration of my employment I agree to conform to all rules and regulations of Holy Family Memorial (HFM). I understand that if employed by HFM, none of the conditions or policies explained to me shall constitute either a guarantee or an employment contract. I understand that my employment and compensation can be terminated at any time at the option of either HFM or myself due to changing business conditions. HFM reserves the right to alter policies or conditions at any time. I understand that HFM operates 24 hours per day, 7 days per week, and that weekend/holiday work or changes of shift or hours may be required during my employment.

I authorize HFM to investigate my background, references, employment records, education records, and other matters related to my suitability for employment. I also authorize any background information or reference source to provide HFM with any and all information concerning my previous and current records along with any other pertinent information that they may have, personal or otherwise, without giving me prior notice of such disclosure. I release HFM, along with all background information and reference sources, from any and all liabilities for any damage that may result from investigation or disclosure of such information. I also understand that my employment at HFM is conditional upon satisfactory completion of a background information check and an Employee Health Screen which includes alcohol/drug screening. I understand that all results of this employment process, including the results of the background information check and the drug/alcohol screening test may be disclosed by HFM to my current or future employers, or to professional licensing boards and agencies. I authorize the release of the results of this screening process to such agencies, employers, and individuals and release HFM from all liabilities for any damage that may result from such disclosure.

I understand and agree that as a pre-condition to employment, and if employed, as a condition of continued employment that I may be required from time to time to accurately complete a background information disclosure form and to submit to drug and alcohol screening tests to determine compliance with the Drug/Alcohol Abuse and Screening Policy and that failure to cooperate will result in denial of employment and/or discharge.

Print Name

Signature

Date