



St. Nicholas Hospital

Mission, Vision, Values Statement

Mission

Faithful to the spirit of the Hospital Sisters
of St. Francis, St. Nicholas Hospital
is dedicated to suffering humanity for His sake.

Vision

We will bring Christ's healing presence to all
who come to us by providing family-centered,
compassionate care without regard for race, creed,
or ability to pay.

Values

Our core values of respect, care, competence,
and joy will be lived by all who work here
and felt by all who use our services.

- RESPECT:** is the Franciscan respect for life from conception to death and for the dignity of each individual person. It is a commitment to freeing and empowering each person to develop to his or her full potential.
- CARE:** embodies the concern, compassion, and sensitivity with which we care for patients as individuals on a one-to-one basis. It depicts our way of dealing with patients, clients, employees, and co-workers. Many times it is thought of as a bedside behavior, but it belongs in business offices, cafeterias, and board rooms.
- COMPETENCE:** means that our work is performed and our institutions are managed with the highest level of skill and ability. We are committed to recruiting and developing people who are competent in their work and whose values reflect our own.
- JOY:** is the manner which our employees and all who join us in our ministry seek to perform their work, the internal fulfillment of caring for others. It is an essential ingredient in bringing a sense of hope to those who suffer.

In order to carry out our healing mission, we need all St. Nicholas Hospital colleagues to live these values every day. If you feel you can support and foster these values in your work and adhere to the Ethical and Religious Directives for Catholic Health Care Services, your application is welcome.

Application Instructions

We are pleased that you are considering employment opportunities with St. Nicholas Hospital. To assist you in making the application process as easy as possible, please read the following information before completing your application.

1. Applications will be accepted for all clinical, nursing, and posted positions only.
2. Written or online applications will be accepted. Online applications can be downloaded by visiting our website at www.stnicholashospital.org, selecting the employment link, then apply online. While visiting our website, please also check out Employment Opportunities for a current list of open positions. Details such as education, licensure and experience will be listed to assist you in your job search.
3. Written or online applications should be completed in full with complete address, phone number(s), employment history, etc. You are welcome to attach a resume as an addendum to the application sheet, however, we will require the work history section to be completed in full.
4. Applications and resumes will remain in our files for a period of one year from the date of the original application. To be considered for another position or provide changes to your application, please contact People Services at (920) 459-4650.
5. People Services Representative will contact you for a personal interview if your experience and/or qualifications match the position requirements.
6. A list of open positions can be found in People Services or by visiting the web site at www.stnicholashospital.org.



St. Nicholas Hospital

Application for Employment

Please print and complete all information

Date _____

Position(s) applied for _____

- Full-time Part-time Float (RN) Temporary Casual
 Shift(s) you are able to work Day Evening Night Rotating

Personal Data

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone _____ Cell Phone _____

Email _____

Are you over 18 years of age? Yes No

If you have been employed by names other than the above, please list _____

Have you ever been employed by or volunteered at St. Nicholas Hospital?

- No Yes Employee Volunteer

If yes, when? _____

Under what last name? _____

How did you hear of our opening? _____

Names of relatives now in our employ _____

Have you ever been convicted of, or pleaded guilty to, a crime? If yes, describe in detail. (A criminal conviction is not an automatic bar from employment).

- No Yes _____ Dates _____

Have you ever been debarred or excluded from participation in Medicare and Medicaid or any other federal or state program? No Yes

Educational Background

Schooling Level		Course of Study	Degree Obtained	Did you graduate?
Grade School	Name Address Telephone/Fax	 	 	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School	Name Address Telephone/Fax	 	 	<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University	Name Address Telephone/Fax			<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____
Professional, vocational, technical, business	Name Address Telephone/Fax			<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____
Other	Name Address Telephone/Fax			<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____

List any special skills you may have (school honor, clerical, secretarial, etc.) _____

St. Nicholas Hospital is an equal opportunity employer functioning under an Affirmative Action Plan and does not discriminate on the basis of age, race, national origin, disability, marital status, veteran or military discharge status, or any other protected basis.

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3100 Superior Avenue • Sheboygan, WI 53081 • An Affiliate of Hospital Sisters Health System • 920/459-8300 • www.stnicholashospital.org

Work History

List your work experience beginning with your most recent position

Company name	From Mo. Yr.	Job title
Street address	To Mo. Yr.	Job duties
City, state, and telephone	Full-time ____ Part-time ____	
Supervisor	Starting salary Ending salary	
	Reason for leaving	
Company name	From Mo. Yr.	Job title
Street address	To Mo. Yr.	Job duties
City, state, and telephone	Full-time ____ Part-time ____	
Supervisor	Starting salary Ending salary	
	Reason for leaving	
Company name	From Mo. Yr.	Job title
Street address	To Mo. Yr.	Job duties
City, state, and telephone	Full-time ____ Part-time ____	
Supervisor	Starting salary Ending salary	
	Reason for leaving	
Company name	From Mo. Yr.	Job title
Street address	To Mo. Yr.	Job duties
City, state, and telephone	Full-time ____ Part-time ____	
Supervisor	Starting salary Ending salary	
	Reason for leaving	

May we contact your present and past employers? Yes No If no, why _____

Name _____ Position _____

References Please List two work-related supervisory references.

Name _____

Title _____

Company _____

Telephone/Fax/Email _____

Name _____

Title _____

Company _____

Telephone/Fax/Email _____

Professional Registration/Licensure <i>(please attach copies)</i>			
Type	State	Registration No.	Expiration Date

Should I receive an offer of employment, I understand that my employment may be conditioned upon satisfactorily passing a physical examination. In addition, I consent to any medical examination deemed necessary by the employer at any time to determine my ability to perform the duties of my job or other jobs with the facility.

Should I receive an offer of employment, I understand that I may be required to satisfactorily complete a drug screening, criminal background check and a Medical sanction check as a condition of employment.

I understand that the facility has a no-smoking policy and Should I receive an offer of employment, I agree to comply with the policy.

Should I receive an offer of employment, I understand and acknowledge that my employment is at-will, which means that either I or the employer may terminate employment at any time and for any reason with or without notice. I also understand that no one has any authority to enter into any agreement contrary to the preceding sentence, except for a written, notarized agreement signed by the Chief Executive Officer.

I hereby affirm that the information contained in this application (and resume, if applicable) is accurate and complete, and I understand that any false or misleading information or omissions will disqualify me from consideration for employment, or result in termination from employment without regard for when they are discovered. I hereby authorize the employer to (1) investigate all statements contained in this application; (2) contact my former employer and other listed references or any other persons who can provide information regarding my employment; (3) contact any persons or entities regarding my employment application; and (4) make any other inquiries that the employer deems relevant in arriving at a decision regarding my application for employment. I consent that any contacted person, including former employers, may provide information about me, and I covenant not to sue any such person for providing information.

Signature _____ Date _____

For Hospital Use Only	
Employment date _____	Department _____
Job title _____	
Full-time ___ Part-time ___ Temporary ___ Casual ___	Salary _____
Shift _____	Hours _____
Comments _____	
Human Resources _____	Date _____