



Excellence in Healthcare. Everyday.

Name: _____

*Thank you for your interest in the Summer Nursing Intern Program
at Johnson Memorial Health Services.*

Please complete the application packet. **Interns must be enrolled in a summer internship course through a Minnesota college or university and be supervised by a nursing faculty member licensed in Minnesota.** In addition, applicants must have acute care clinical experience and reach senior nursing student status by fall school term of 2016.

To apply, you will need to **submit**: (Please use the following checklist for completing your application.)

1. A completed application for employment form.
2. Professional Resume including experiences, skills, and community activities.
3. Your nursing course summary.
4. Verification of your GPA (copy of a transcript).
5. Your goals for the summer program.
6. Two clinical instructor references. It is important to use the correct forms for references.
7. One employer reference (if none, one personal reference). Use the form titled "Employer Reference Form".
8. A photocopy of your current CPR certification card (American Heart Association or Red Cross). You will need to be certified in CPR prior to your first day of employment at Johnson Memorial Health Services

Interviews will take place between December 14, 2015 and February 1, 2016. If selected, you must be able to interview in person between these dates.

Home phone #

Cell phone #

E-mail address:

Mailing address:

Please return this letter and the above requested forms to HR. Application materials need to be in by **Friday, December 4, 2015**. Interns are accepted into the Summer Nursing Intern Program based upon the submitted application materials and the interview.

Nurse Intern 2016 Information Sheet

Completed application packets must be returned by Friday, December 4, 2015.

Dates of the program: June 1, 2016, through August 7, 2016

Nurse Interns must:

- Have completed their Junior year in a baccalaureate nursing program
- Have at least a 3.0 GPA in their nursing courses
- Be enrolled in a summer internship course through a participating Minnesota college or university; and
- Have current Basic Life Support certification from the American Heart Association

Students attending a college or university outside the State of Minnesota will need to enroll in a Minnesota college or university for credits. The Minnesota Board of Nursing requires that in order for a person to practice nursing in the state, they either have to be licensed as an RN or LPN or be under the supervision of an instructor licensed in the state.

This program requires your participation for the entire 10 weeks. Any exceptions or special circumstances should be discussed during the interview process

Interns will be scheduled 24-32 hours per week. They will work the same hours as their preceptor(s), including rotating shifts and weekends. Shifts may be 8 or 12 hours.

Interviews will take place between December 14, 2015, and February 1, 2016. Selected applicants must be able to interview in person between those dates.

In addition to an application and resume, applicants must complete all application materials. This includes obtaining 3 references or letters of recommendation.

- One reference must be from a clinical instructor
- The second reference can be from a clinical instructor or other faculty member
- The third reference should be from a work experience. If no employer reference is available, a personal reference can be obtained (use the employer reference form).

The Nurse Intern program will be a paid internship. Salary will be competitive with market.

Offers for nurse intern positions will be extended the week of February 8, 2016. Students must confirm offers by February 19, 2016.

If you have any questions, please contact:

Ellen Alberg, SPHR
Director of Human Resources
Phone: 320-312-2113
Email: ecalberg@jmhsnmn.org

APPLICATION FOR EMPLOYMENT

Johnson Memorial Health Services (JMHS) is an equal employment opportunity employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, age, or other characteristics protected by law. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. If you need an accommodation to participate in the application process, please contact Human Resources at (320) 312-2113.

PLEASE PRINT!

Date _____

POSITION APPLIED FOR: _____

Date Available to Start Work: _____

PERSONAL DATA

Name: _____

Address: _____
Street Address City State Zip

Daytime Phone: _____ Evening Phone: _____
 () ()

Cell Phone: _____ E-mail: _____
 ()

GENERAL INFORMATION

1. Have you ever applied for a job with this company in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name. ___ Yes ___ No
2. Have you ever been employed by this company in the past? If yes, please give dates of employment, positions held, and state your name while employed if different from present name. ___ Yes ___ No
3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? (See attached job description) If no, please explain: ___ Yes ___ No
4. Do you have any commitments to another employer that might affect your availability for employment with our company? (i.e. on layoff) If yes, please explain: ___ Yes ___ No
5. If hired, can you furnish proof that you are at least 18 years of age and that you are eligible to work in the United States? If no, please explain: ___ Yes ___ No

6. Do you now, or will you in the future, require Johnson Memorial Health Services to sponsor an employment visa for your continued employment? ___Yes ___No
7. Are you able to perform the tasks listed on the enclosed/attached job description with or without an accommodation? ___Yes ___No

EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME AND LOCATION OF SCHOOL (CITY & STATE)	DID YOU GRADUATE?	WHAT DEGREE/ DIPLOMA/ CERTIFICATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS				

Please provide below any additional information you believe would be of value in considering you for employment. Include and JOB RELATED professional or trade certifications, licenses, equipment qualified to operate, computer systems or hardware/software, and any other JOB RELATED special skills and abilities, classes, workshops or seminars attended:

EMPLOYMENT HISTORY - PRESENT & FORMER EMPLOYERS
ATTACH ADDITIONAL SHEET IF NECESSARY • PLEASE COMPLETE EVEN IF A RESUME IS INCLUDED

Present or Last Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Please account for any time you were not employed after leaving school in the past ten years (You need not list any unemployment periods of one month or less).

Time Period(s)

Reason(s) for Unemployment

If you were unable to list all past jobs or periods of unemployment on this form, please use an additional sheet.

Please list three References other than past supervisors and family members:

1) _____ Relationship: _____ Phone # _____

2) _____ Relationship: _____ Phone # _____

3) _____ Relationship: _____ Phone # _____

OTHER JOB-RELATED EXPERIENCE: Some people gain job-related experience in positions other than as an employee. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects, or in school organizations, or in PTA activities. Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied, and have not been listed previously in this application. ***(Please omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.)***

IMPORTANT - PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

Initials

_____ I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment by Johnson Memorial Health Services if discovered at a later date. I agree to immediately notify Johnson Memorial Health Services if I should be convicted of a felony, or be charged with any crime while my job application is pending, or during my period of employment, if hired.

_____ I authorize any person, school, current employer (except as previously noted), past employer(s), government or investigative agencies, and other organizations that may be named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to Johnson Memorial Health Services in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

_____ If offered a job that requires it, I give permission for a background check, drug test and a job-related physical evaluation, and I consent to the release to the Company of any medical information they deem necessary in assessing my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

_____ I understand that, if hired, I may not hold other employment, nor engage in consulting, sales, investments or other activities that may create a conflict of interest with Johnson Memorial Health Services.

_____ I understand that if employed and my employment is terminated by Johnson Memorial Health Services for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

_____ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time. I understand that only the President of Johnson Memorial Health Services is authorized to change any of the terms of employment and that any changes must be specific and in writing.

Signed: _____ Date _____

JOHNSON MEMORIAL HEALTH SERVICES

APPLICANT DATA RECORD

Applicants and employees during their employment are treated without regard to their race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, age, or any other legally protected status.

Johnson Memorial Health Services is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants and employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may 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.

Name: _____

Date: _____ **Position(s) Applied For:** _____

How Were You Referred to Our Company?

- ☐ Job Service
- ☐ Newspaper Advertisement
- ☐ Private Employment Agency
- ☐ A Relative or Friend Employed by This Company
- ☐ Other: Explain: _____

Personal Traits:

Check One:	Check any that apply:
<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Female	<input type="checkbox"/> Disabled Person
	<input type="checkbox"/> Disabled Veteran

Check One:
<input type="checkbox"/> White
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian (Not Hispanic or Latino)
<input type="checkbox"/> Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Two or more races (Not Hispanic or Latino)

Name: _____

Nursing Course Summary

Please list in sequence all nursing courses completed by December 2015.

Course Title and Brief Description	<i>Number of hours in clinical component of course per week</i>	<i>Type of institution where clinical experience was conducted</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Please list nursing courses to be completed January 2016 through May 2016.

Course Title and Brief Description	<i>Number of hours in clinical component of course</i>	<i>Type of institution where clinical experience will be held</i>
1.		
2.		
3.		
4.		
5.		

Name: _____

Summer Nursing Intern Program Goals

List **three goals** that you would like to achieve during your summer internship.

Goal	Method To Achieve
1.	
2.	
3.	

These goals will be shared with your preceptor and periodically reviewed throughout your experience.

Name: _____

Summer Nursing Intern Program Letters of Recommendation

I have requested letters of recommendation from the following nursing instructors:

1. Name _____ Title _____

Address _____

City, State and Zip Code

2. Name _____ Title _____

Address _____

City, State and Zip Code

3. Name _____ Title _____

Address _____

City, State and Zip Code

I have requested a letter of recommendation from my previous work place/experience:

Name _____ Title _____

Address _____

City, State and Zip Code

Nursing Student Internship - Faculty Reference Form

Greetings,

I am applying to a Nursing Student Internship Program. As part of the application process applicants must obtain 2 references, one should be from a clinical instructor and the other can be from a clinical instructor, other nursing faculty, or a supervisor of a health-related job.

Please complete the attached Evaluation and Faculty Reference Form and email it directly to the Johnson Memorial Health Services Human Resource Department at hr@jmhsnmn.org.

Applications with recommendations must be submitted by December 4, 2015. *Thank you in advance for your assistance.*

To Be Completed By the Nursing Student

Student's Authorization to Release Clinical/Faculty Reference

I have applied to a Nursing Student Internship Program and I authorize you to release the information requested within this Faculty Reference Form. **This page (p. 1) of this document should remain with the school/faculty as evidence of student's permission to provide the reference. Page 2 document of this document should be directed to the specific clinical agency as requested by the student.**

Printed Name	Signature	Today's Date
Educational Institution	Daytime Phone	Other Contact

To Be Completed By the Clinical or Faculty Reference (submit to clinical agency as directed by student).

Signature	Title	Relationship to Student
Educational Institution	Daytime Phone	Email Address

Check those which apply:

	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Cannot Evaluate
Clinical judgment/ critical thinking				
Appropriately responds to stressful situations				
Organizational ability				
Technical skills				
Initiative				
Consistent Performance				
Interpersonal & communication skills				
Flexibility/Ability to adjust to new situations				
Integrity				
Preparation for clinical, labs or classroom.				
Attendance/punctuality	N/A			N/A
Meets Deadlines	N/A			N/A

Please comment on the student's talents and strengths:

Please comment on the student's weaknesses and areas for improvement:

Overall Evaluation:

Strongly recommend

Recommend

Do not recommend

Nursing Student Internship –Faculty Reference Form

Greetings,

I am applying to a Nursing Student Internship Program. As part of the application process applicants must obtain 2 references, one should be from a clinical instructor and the other can be from a clinical instructor, other nursing faculty, or a supervisor of a health-related job.

Please complete the attached Evaluation and Faculty Reference Form and email it directly to the Johnson Memorial Health Services Human Resource Department at hr@jmhsnmn.org.

Applications with recommendations must be submitted by December 4, 2015. *Thank you in advance for your assistance.*

To Be Completed By the Nursing Student

Student's Authorization to Release Clinical/Faculty Reference

I have applied to a Nursing Student Internship Program and I authorize you to release the information requested within this Faculty Reference Form. **This page (p. 1) of this document should remain with the school/faculty as evidence of student's permission to provide the reference. Page 2 document of this document should be directed to the specific clinical agency as requested by the student.**

Printed Name	Signature	Today's Date
Educational Institution	Daytime Phone	Other Contact

To Be Completed By the Clinical or Faculty Reference (submit to clinical agency as directed by student).

Signature	Title	Relationship to Student
Educational Institution	Daytime Phone	Email Address

Check those which apply:

	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Cannot Evaluate
Clinical judgment/ critical thinking				
Appropriately responds to stressful situations				
Organizational ability				
Technical skills				
Initiative				
Consistent Performance				
Interpersonal & communication skills				
Flexibility/Ability to adjust to new situations				
Integrity				
Preparation for clinical, labs or classroom.				
Attendance/punctuality	N/A			N/A
Meets Deadlines	N/A			N/A

Please comment on the student's talents and strengths:

Please comment on the student's weaknesses and areas for improvement:

Overall Evaluation:

Strongly recommend

Recommend

Do not recommend

Employer Reference Form

Letter of Reference for: _____

Thank you for agreeing to reference this student for Johnson Memorial Health Services. Please comment on this student in the areas listed. Your reference provides valuable assistance to us in considering this person for the Summer Nursing Intern Program.

Please return it to the applicant in a sealed envelope. Reference forms need to be submitted as part of the application packet. Completed packets must be in by December 4, 2015.

Initiative: <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Superior Comments:	Quality of Work: <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Superior Comments:
Dependability: <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Superior Comments:	Communication Skills: <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Superior Comments:
Ability to Work Independently: <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Superior Comments:	Ability to Accept Authority and Work With Others: <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Superior Comments:

Please summarize three (3) of the student's positive characteristics:

- 1.
- 2.
- 3.

Discuss one area of growth/need for improvement for this student:

(Please add additional sheets if necessary)

Name _____ Title _____

Signature _____

Place of Employment _____ Relationship to Applicant _____