

ST. JOHN PROVIDENCE HEALTH SYSTEM
2012 NURSE EXTERN PROGRAM
MAY 29th- July 29th

Are you a highly qualified nursing student interested in pursuing your nursing career within St. John Providence Health System?
Then we have the opportunity for you!

The Nurse Extern Program is a paid \$17.00/hr, 9-week program in which you are given the opportunity to further develop your knowledge and skills while working directly with an RN mentor on an assigned clinical unit. The program involves not only direct patient care, but also includes off-unit experiences, networking and mentoring.

What makes the SJPHS Nurse Extern Program unique? The focus of our program is on *your* growth and development. To accomplish this we have included several unique features in our Nurse Extern Program. *Nurse Externs:*

- Are *not* part of the staffing matrix.
- Meet with program coordinators and fellow externs.
- Participate in facilitated observations in areas of interest.
Examples: ER, ICU, OR, CRNA, Nurse Practitioner, Home Care and Hospice.
- Complete a unit-based clinical improvement project.
- Have the opportunity to apply for nursing scholarships.
- May transition to Nurse Technician positions if all program and performance expectations have been met and open positions are available.

You must meet the following minimum criteria to apply for the program:

- Currently enrolled in a nursing program leading to a degree that qualifies you for licensure as a Registered Nurse
- Entering final year of nursing school and sincerely interested in pursuing your professional nursing career within SJPHS (graduation anticipated by June 2013)
- Cumulative G.P.A. of at least 3.5

Opportunities are available at St. John Hospital and Medical Ctr (Detroit),
Providence Hospital (Southfield) and Providence Park Hospital (Novi).

For more information or to obtain an application packet visit:

<http://www.stjohnprovidence.org/nursing/nep/> or contact

Worklife Services-Talent Center at (586)753-1259 or nurseexternprogram@stjohn.org

Completed applications accepted January 1, 2012- February 20, 2012

2012 SJPHS NURSE EXTERN PROGRAM FAQs

Q: What makes your Nurse Extern Program unique?

A: The focus of our program is on *your* growth and development, and in recruiting, developing and retaining highly qualified nursing students who have a sincere interest in pursuing their professional nursing career within St. John Providence Health System. To accomplish this we have included several unique features in our program. *Nurses Externs:*

- Are not part of the staffing matrix.
- Meet with program coordinators and fellow externs. This is done on both a formal and informal basis.
- Have an opportunity to participate in a facilitated observation in areas of interest. Examples of observations selected by past externs have included: Emergency Care, ICU, CRNA, OR, Nurse Practitioner, Home Care and Hospice.
- Complete a unit-based clinical improvement project.
- Have the opportunity to apply for scholarship funds.
- May transition to Nurse Technician positions at the end of the program.

Q: If I'm a current St. John Providence Health System associate can I still apply for a position as a Nurse Extern?

A: Yes! We encourage qualified St. John Providence Health System associates to apply. Please discuss this opportunity with your current manager to determine how a position as a Nurse Extern would affect the status of your present position and any benefits you may currently have.

Q: Is this a paid position and are there any benefits?

A: Nurse Externs are paid \$17.00/hour and work 64 hours per 2-week pay period, but receive no benefits, as these are temporary positions.

Q: What is the application/selection process?

A: If you are qualified *and* committed:

- Step 1: Submit the items outlined on the enclosed application checklist by February 20, 2012. These items will be reviewed and used to determine who will go on to the interview phase (Step 2). All applicants will be notified via e-mail on March 14, 2012 if they have been selected to go on to Step 2. Please make sure your e-mail account security settings accept any correspondence we send.
- Step 2: If selected to go on to Step 2 you will be asked to participate in a group interview session with other nurse extern candidates. Several group interview sessions will be conducted during March and April.

Q: How is it decided who will be interviewed?

A: First, you must meet the minimum application criteria, submit all required documents by the application deadline and achieve an acceptable rating on your St. John Providence Health Pre-Employment Assessment Tool (PEAT). Next, we will look at the professionalism of the documents you submit with special attention to any evidence that demonstrates leadership or personal qualities aligned to the mission, vision and values of SJPHS. Note- applicants who do not have a sincere interest in pursuing their future nursing career within SJPHS or who have significant schedule conflicts will not be considered.

Q: How is it decided who will be accepted into the program?

A: Externs are selected based on the professionalism and content of their application materials and their performance and responses during the interview sessions.

Q: How is it decided at which hospital and unit an extern will be placed?

A: Once we've selected who will participate in the program we determine the hospital and unit where they will be placed. On the application and during the interview session you will be asked if you have any hospital and/or unit placement preferences. We will also consider your past experiences.

Q: When will I know if I have been selected?

A: Candidates who have gone through the interview process will find out if they've been selected on April 25, 2012. If you have been selected you will be offered a specific hospital and unit placement at that time.

Q: How is my work schedule determined?

A: The clinical manager of the unit to which you are assigned and/or the program coordinator determines your work schedule. Please refer to the scheduling information provided in the "Applicant Information Form" in your application packet.

Q: Once I'm on the clinical unit will I be "on my own" and what will I be doing?

A: Each extern is provided with an assigned RN mentor/preceptor and functions under the direction of and within that RN's patient assignment for the shift. Externs are typically involved in direct patient care activities including, but not limited to: initial and ongoing assessments, monitoring, treatments, ADLs, nursing documentation, patient/family education and care coordination activities. You will also have an opportunity to pursue other learning activities as they come up. This

might include observing a code blue, attending an inservice or assisting with a procedure you've never seen before.

Q: What happens at the end of the program?

A: At the end of the nurse externship you may transition to a Nurse Technician position within SJPHS as long as you have successfully completed the program, met all performance expectations and a position is available.

St. John Providence Health System
A PASSION for HEALING

St. John Hospital & Medical Center: Detroit

22101 Moross
Detroit, MI 48236
313-343-4000

St. John Hospital and Medical Center is a regional-referral teaching hospital (affiliated with Wayne State University) with 804 licensed beds, a 1200-member medical staff and more than 50 medical and surgical specialties. It is also the largest acute care provider and the only designated Emergency Trauma Center on Detroit's east side. St. John Hospital and Medical Center is also an active participant in community health initiatives through its community-based partnerships with churches, schools and civic organizations.

St. John Hospital and Medical Center has a wide array of surgical specialties and subspecialties. Our operating rooms and post-anesthesia units are open 24 hours a day, seven days a week for scheduled and emergency procedures. Specialties include: Cardiovascular and Thoracic, Dentistry, General Surgery, Laser, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Oral and Maxillofacial, Orthopedic, Otolaryngology (ear, nose and throat), Pediatrics, Podiatry, Vascular, Transplant and Urology.

Providence Hospital: Southfield

16001 W. 9 Mile Rd.
Southfield, Michigan 48075
248-849-3000

Providence Hospital and Medical Centers consist of Providence Hospital in Southfield and a network of more than 25 outpatient medical and specialty centers throughout the Detroit metropolitan area.

Providence has more than 4,000 staff members, 1,151 physicians and more than 400 active volunteers dedicated to healing the bodies and touching the souls of thousands each year.

Providence Park: Novi

47601 Grand River Ave
Novi, MI 48374
(248) 465-4100

Providence Park Hospital, located in Novi, is St. John Health's newest facility and the first new hospital to be built in southeast Michigan in over 20 years. The hospital is located in a scenic, "health park" environment. Providence Park

Hospital is licensed for 200 beds and is one of only a handful of hospitals in the country to offer patients the convenience of acutely adaptable care.

St. John Macomb-Oakland Hospital, Macomb Center

11800 E. 12 Mile Rd.
Warren, Michigan 48093
586-573-5000

St. John Macomb-Oakland Hospital, Macomb Center is a 376-bed community-based, acute care facility with Centers of Excellence in Behavioral Medicine Services, Cancer Care, Cardiology, Emergency Care, Physical Medicine and Rehabilitation Services, Surgical Services and Women's Health Services and Women's Health: The busy L & D Unit, Surgery Center, fast growing Rehabilitation and Oncology Units, enhanced diagnostic services and ICU and Cancer Center highlight our busy, forward-thinking hospital.

St. John Macomb-Oakland Hospital, Oakland Center

27351 Dequindre
Madison Heights, Michigan 48071
248-967-7000

St. John Macomb-Oakland Hospital, Oakland Center, is a 210-bed acute care, osteopathic teaching hospital. With a 400-member medical staff, St. John Macomb-Oakland Hospital, Oakland Center, offers more than 35 medical and surgical specialties, with a focus on advanced diagnostics and treatment for cancer, cardiac, psychiatric and aging patients. The hospital also features a Sleep Disorders Clinic that diagnoses and treats people with sleeping problems and related illnesses such as sleep apnea.

St. John River District Hospital: East China

4100 River Rd
East China Township, MI 48054
810-329-7111

High-quality primary and secondary medical services are the hallmark of this dedicated community facility (68 beds), which is actively defining the future of local health care. Renovation and expansion of the Emergency Department has increased the hospital's visibility throughout the northeastern Detroit suburbs.

ST. JOHN PROVIDENCE HEALTH SYSTEM
2012 NURSE EXTERN PROGRAM

Application Criteria

Thank you for your interest in a Nurse Extern position with St. John Hospital and Medical Center, Providence and/or Providence Park Hospitals. **You must meet the following minimum criteria to apply** for a position in the Nurse Extern Program:

- Are you *currently* enrolled in a nursing program leading to a degree that qualifies you for licensure as a Registered Nurse?
- Are you entering your final year of nursing school and will graduate by June 2013?
- Do you have a sincere interest in pursuing your professional nursing career within SJPHS?
- Do you have a current minimum G.P.A. of at least 3.5?

Application Procedure/Checklist

If you meet the criteria listed above and are interested in being considered for a position we **require** that you complete and submit the following items by **February 20, 2012**.

- 1) Applicant Information Form
- 2) Application for Employment (required of all applicants except current St. John Providence Health System associates)
- 3) Release of Information Authorization (required of all applicants except current St. John Providence Health System associates)
- 4) **Official** transcripts which include final grades for Fall semester 2011.
- 5) Reference Request Form (completed by clinical instructor and copied on to official school letterhead)
- 6) St. John Providence Health Pre-Employment Assessment Tool- PEAT (required of all applicants except current SJPHS associates). **THIS ASSESSMENT IS COMPLETED ON-LINE.** See enclosed instructions for completing the PEAT.

MAIL and/or Deliver Items # 1-5 to:

St John Providence Health System
CSB- North
Talent Center
28000 Dequindre
Warren, MI, 48092
Attention: Nurse Extern

DEADLINE: February 20, 2012

All applicants will be notified if they have been selected to go on to the interview process via e-mail on March 14, 2012

Note: It is your responsibility to check your e-mail frequently and make sure your e-mail account security settings accept any correspondence we send.



St. John Hospital & Medical Center
 St. John Macomb-Oakland Hospital
 St. John North Shores Hospital
 St. John River District Hospital
 St. John Home Care & Hospice
 Washwood Clinics

Providence Hospital
 Providence Park Hospital
 Medical Resource Group
 Corporate Services
 Community Health

EMPLOYMENT APPLICATION

This Facility is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. St. John Providence Health System provides Equal Employment Opportunities (EEO) to all associates and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, height, weight, genetic information, marital status, ancestry, and other legally protected status or status as a covered veteran in accordance with applicable federal, state and local laws. As an equal opportunity employer, this Facility intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants should request any needed accommodation in writing as soon as possible.

PLEASE PRINT CLEARLY—BE SURE TO SIGN THIS APPLICATION

PERSONAL INFORMATION

Today's Date: _____

Name: _____ Social Security #: _____

Address: _____
no street city state zip

Home Phone: (____) _____ Primary Alternate
 Cell Phone: (____) _____ Primary Alternate

Email Address: _____

Were you previously employed by St. John Providence Health System or by a St. John Providence Health System subsidiary?
 Yes No

If yes, under what name/date/facility:

How did you hear of St. John Providence Health System and/or this position?
 Agency/Contract Newspaper Ad Direct Mail Piece Internet
 Job Fair Referral/Name Student Program Refire

GENERAL INFORMATION

Position(s)/Department(s) Desired

1st Choice _____ 2nd Choice _____

Earliest Date Available _____

Days Afternoons Mornings Mornings Afternoons Mornings
 Full time Part time Contingent Full time Part time Contingent

Rate of Pay Expected \$ _____ Rate of Pay Expected \$ _____

List names and relationship of all relatives employed by St. John Providence Health System:

Name/Relationship	Title	Location/Site
_____	_____	_____
_____	_____	_____

Are you under 18 years of age? Yes No
 Are you legally authorized to work in the U.S.? Yes No

(Please provide the following information. A resume providing this information may be attached only as a supplement) Note: Start with most recent employer. List all present and past employers: include all employment, military service, and volunteer service. Please explain all periods of unemployment in excess of one month. If additional space is needed, please copy this form and use it.

Employer (Person/Most Recent)		Dates Employed		Primary Job Duties
Address		From	To	
		Hourly Rate / Salary		
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Primary Job Duties
Address		From	To	
		Hourly Rate / Salary		
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Primary Job Duties
Address		From	To	
		Hourly Rate / Salary		
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Personal / Professional Reference		Personal / Professional Reference		
Telephone Number(s)		Telephone Number(s)		

List any other names you have worked under _____

Have you ever been discharged or suspended from employment? Yes No

If yes, please explain _____

EDUCATION

Ohio		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical Vocational Business or Military Training		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LICENSE/REGISTRATION/CERTIFICATE

Do you possess a License, Permit, Certification or other authorization to practice a trade or profession? Yes No

Has there ever been any action/complaint taken against your license in any state? Yes No

If yes, please explain _____

CRIMINAL HISTORY INFORMATION

There is no time limit to the question below regarding your criminal history. You must include information on ALL convictions and pleas during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should also be disclosed, except where non-disclosure is required under state law. Failure to disclose will be considered falsification and will result in your ineligibility for employment.

If you are uncertain of the exact date or how a criminal offense was classified, state the approximate date, your understanding of the criminal classification, and note that you are unsure of any more specific information.

Have you ever (1) been convicted of, (2) plea bargained to, or (3) entered a plea of nolo contendere or no contest to any crime or offense? (Answering "Yes" to this question is not an automatic disqualification for consideration of employment. The particular circumstances will be considered.)

Yes No

If you answered yes to the above question, provide complete information on all offense(s), date(s), location(s), city/county and state), and a description of the offense:

OFFENSE	DATE	LOCATION	DESCRIPTION

Have you ever been sanctioned (probation, excluded, suspended), been required to pay a fine or penalty or have you ever been or are you currently under investigation by a state, federal or other regulatory authority?

Yes No

If you answered yes to the above question, please explain.

STATEMENT OF ACKNOWLEDGEMENT

READ THE FOLLOWING STATEMENT BEFORE DATING AND SIGNING

I certify the facts set forth in the Employment Application I have submitted are true and complete. I understand that the submission of any false and/or misleading information in connection with my application will result in my disqualification for employment with Saint John Providence Health System and/or its affiliates ("hereinafter SJPHS"), and/or my immediate discharge at any time after I become employed by SJPHS.

I hereby authorize SJPHS to contact each of my former and current employers (unless otherwise indicated in my Application), educational institutions, military units, and the other references I have provided to inquire and obtain information about me and my work, academic, and military records. I further acknowledge that I may be required to give my consent to such information being obtained by third parties. I hereby release SJPHS, its agents, and those persons and entities whom SJPHS chooses to contact, from any and all claims arising from the actions taken in obtaining or releasing information about me. I also acknowledge that my current and/or former employers may provide disciplinary reports, letters of reprimand, or other disciplinary action taken against me while so employed.

I also understand that SJPHS may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background check. I hereby consent to this criminal background check and to the disclosure of the results by the individual or entity conducting the search to SJPHS. I hereby release SJPHS, its agents, and those persons and entities whom SJPHS chooses to contact, from any and all claims arising from the actions taken in obtaining or releasing such information.

I hereby consent to post-offer, pre-employment physical and/or mental examination(s), including drug testing, and will give any consent necessary for such examinations or testing. I acknowledge that such examinations and testing may be conducted by a physician or other professional of SJPHS's choice. I understand that any offer of employment may be conditioned upon the results of such examination(s) and/or test(s). If applicable, test results may be reported to the State of Michigan. I further release SJPHS, its agents, and the individuals and/or entities conducting such examinations or tests from any and all claims that may arise from the acts of obtaining and/or reporting of information relating to the examinations and/or tests.

In consideration for my employment, I agree and understand that my employment, compensation and benefits can be terminated with or without cause, and with or without notice, at any time, at either my option or at the option of SJPHS, it being mutually understood and agreed that my relationship with SJPHS is one of employment at will and no representative of SJPHS, other than the President, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the President of SJPHS. I also understand and agree that any and all fringe benefits that I may receive as a result of my employment with SJPHS may be amended, modified, or terminated by SJPHS, and that such benefits do not vest, and have not vested, by virtue of my employment, my continued employment, or SJPHS policy.

Furthermore, I understand that I may be transferred to another department and/or a different shift as needed. I also understand that SJPHS must operate 24 hours a day, 7 days a week which may affect assignments/schedules.

I further understand:

1. A Worklife Services Policies and Procedures Manual and outline will be provided and made available to me and I will be responsible for its contents and future updates. I further understand that SJPHS policies and procedures are available on the SJPHS Intranet site. It is my responsibility to review and understand all SJPHS policies and procedures and to do the same for all future updates to such policies.
2. The policies and procedures established by SJPHS are not contracts and create no enforceable legal obligations in my favor.
3. It is my responsibility to read and ask any necessary questions about the SJPHS policies and procedures and to comply with them.
4. I agree to have my photograph taken for identification purposes, and if hired, will wear a SJPHS I.D. badge at all times.

STATEMENT OF ACKNOWLEDGEMENT (Cont'd)

5. My continued employment is contingent upon the successful completion of all pre-employment requirements, documentation, and required follow-up.
6. I will be held responsible to obtain any pertinent documents, educational records, and/or credentials requested by law or SJPHS policies and procedures.
7. I understand that no federal health care program payments may be made for any items or services furnished, directly or indirectly, by an individual excluded from participation in Medicare, Medicaid, or other Federal health care programs. I therefore agree that, if employed by the St. John Providence Health System or its affiliates, I would immediately disclose to appropriate management my proposed or actual exclusion from participation in any such health care program. I understand that my failure to comply with this requirement may subject me to immediate termination from employment.

I agree not to commence any action or suit relating to my application or employment with SJPHS more than 180 days after the date of the event giving rise to the action or suit (the failure to hire, disciplinary action, termination, etc.), and to waive any longer statute of limitations to the contrary.

If I am employed, I understand that additional personal data may be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, procedures, and rules and regulations of SJPHS.

Signature	Today's Date
Print-Last Name/First Name	Social Security Number



RELEASE OF INFORMATION AUTHORIZATION

I obtained a QID under the name _____ If different from your present name

Name and location of Testing Center _____ State _____ City _____ State _____

I graduated from High School under the name _____ If different from your present name This Adult ID? Yes No

Name and location of High School _____ Name of HS _____ City _____ State _____

I hereby authorize ST. JOHN PROVIDENCE HEALTH SYSTEM, its staff, and/or its agents (The Reference Company) to request information from, and consult with employers, educational institutions, law enforcement agencies, credit reporting companies, and individuals with whom I have been associated, and with others who may have information regarding my competence, character and qualifications, and any other sources deemed appropriate by ST. JOHN PROVIDENCE HEALTH SYSTEM, I specifically authorize former and present employers to release, verify, and provide any information regarding my employment with them to ST. JOHN PROVIDENCE HEALTH SYSTEM or their agents. I release and hold harmless from liability all persons, entities or institutions who, in good faith and without malice, participate in gathering or exchanging information in this process.

I authorize, without reservation, any party or agency contacted by ST. JOHN PROVIDENCE HEALTH SYSTEM or their agent, The Reference Company, to furnish the above mentioned information.

In the event that I am denied the position based entirely or partly on information obtained by The Reference Company, I understand that I have the right to make a request to The Reference Company to inquire about the information they had supplied to you. (The Reference Company, 37060 Garfield Rd, Suite T-3, Clinton Twp, MI 48036)

CAN WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? Yes/ If Not Explain _____

Your Last Name _____ First _____ Middle Name _____

Current Address _____ City _____ State _____ Since what date living there _____

City and State lived in previously _____ How long lived there _____ Your last name at that time (if different) _____

City and State lived in previously _____ How long lived there _____ Your last name at that time (if different) _____

SSN _____ DOB _____ / _____ / _____ DL# _____ Issuing State _____

Signature _____ Date _____

For Worklife Services Use Only - FAX to TRC (586) 228-2323 From _____ Date _____

St. John Providence Health System Worklife Services Talent Center

Rush Order

Site: _____ Position Applied For: _____

Package 1 3 req, ID, Cdm, Academic

Package 2 3 req, ID, Cdm, LICM, Academic

Package 3 3 req, ID, Cdm, NVA, Academic

Mtd. Assn. Package 2 req, ID, Cdm, HSIQED, NVA Cert of completion

Requires: _____



28000 Dequindre
Warren, MI 48092

Thank you for expressing interest in employment with St. John Providence Health System (SJPHS), one of the 101 Best & Brightest Companies to work for in Metro Detroit. Our vision is to provide the highest quality patient care experience every day, everywhere, for everyone, and we do this by recruiting and retaining top caliber associates.

As part of our screening process, we ask that you complete the St. John Providence Health System Pre-Employment Assessment Tool (PEAT). Your results on this assessment apply throughout St. John Providence Health System in determining whether you proceed to the next step in our employment process.

This assessment may take up to 30 minutes to complete. Please complete the assessment in its entirety.

<https://www.polarisconnect.com/clientadmin/clients/stjohn.aspx>

If you have trouble accessing PEAT, contact the St. John Providence Health System Talent Center at 586-753-1320.

St. John Providence Health System is a great place to work and grow professionally — thanks again for considering us as your future employer.

Best regards,

Worklife Services-Talent Center
St. John Providence Health System