

SAINT ANTHONY HOSPITAL
NEW EMPLOYEE ORIENTATION – ACKNOWLEDGEMENT

First Name: _____ Last Name: _____

Agency: _____ Date: _____

SECTION 1

I acknowledge that I have read and will adhere to the Policies and Procedures provided within the Saint Anthony Hospital - New Employee Orientation.

Signature: _____

SECTION 2

I acknowledge that it is my responsibility, in conjunction with the hospital, to have performance evaluations completed on the first shift at each new department or facility.

Signature: _____

SECTION 3

Please check **one** of the following:

_____ I am not currently, nor have I ever been, an employee of Saint Anthony Hospital or a Saint Anthony Hospital affiliate.

_____ I was employed by Saint Anthony Hospital from _____ to _____.

Signature: _____

SECTION 4

I understand that I may only work at Saint Anthony Hospital through **one** healthcare staffing agency.

I declare that _____ is my preferred agency.

I am aware that I must notify Saint Anthony Hospital OneSource Program in writing, if I choose to change my preferred agency selection.

Signature: _____