

2010 Adams Avenue
Scranton, PA 18509



Phone: (570)-342-8379

G2DSP Application

Applicant Name:		Date:
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

Parent/Guardian Name:		
Address:	<input type="checkbox"/> Address is same as above	
City:	State:	Zip:
Phone Number:	Email Address:	

High School Attending:	Grade: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
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Do you have a specific field or department(s) in which you are interested?

What made you apply for this program?

The Center of Medicare and Medicare Services (CMS) mandated the COVID-19 vaccine for providers who receive Medicare and Medicaid funding. This mandate applies to some of our departments, but not all of them. Please note that you will not be automatically excluded from consideration if you are not fully vaccinated, and your suitability for the position will be evaluated based upon the circumstances.

Have you been fully vaccinated against COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Did someone refer you to this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list name:
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Applicant Signature:	Date:
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Please return to hr@stjosephscenter.org