

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, qualified disability, or any other protected status. Qualified applicants are considered for employment according to the laws of the respective state of employment.

INSTRUCTIONS: Applicants must furnish complete and accurate information. Incomplete applications will not be considered for employment. In case of resume, fill out complete application and attach resume to back.

(PLEASE PRINT)

Date of application: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ - _____ Lived there since: _____

Social Security Number: _____ Position Desired: _____

Date available to start: _____ Salary/Compensation Desired: _____

Full-Time Part-Time Days Evenings Weekends Other: _____

(It is not necessary for you to identify unavailability for work because of religious observance or practice. After, and if, a job offer is made, we will consider whether a reasonable accommodation can be made for your observance.)

Referral Source: Employment Agency Advertisement Walk-In Applicant

Have you ever applied for a position with us? Yes No If "Yes", when and where? _____

Have you ever been employed by us? Yes No If "Yes", when and where? _____

EDUCATIONAL DATA

High School: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____ Diploma received: _____

College: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____ Dates Attended: _____

Degree received: _____ Grade Point Average: _____

Trade, Business or Correspondence School: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Major: _____ Dates Attended: _____

Degree received: _____

Last Name:

First Name:

M.I.:

Dept.:

Date:

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or

verification of your legal right to work in the U.S.? Yes No

(Pursuant to the Immigration Reform and Control Act of 1986, all applicant's who receive an offer of employment must immediately complete an I-9 form and produce documentation, no later than seventy-two hours after commencement of employment, establishing their identity and authorization for employment in the United States.)

If employment is offered, can you provide personal identification such as U.S. Passport, a driver's license or photographic identification card issued by the state? Yes No

Are you over 18 years of age? Yes No If "No", state age: _____ (If "No", Employment is subject to verification that you are of legal age to work.)

Have you ever been convicted of or plead guilty to a crime? Yes No (A conviction will not automatically disqualify you from being considered as a candidate for employment.) If "Yes", please explain: _____

RESIDENTIAL HISTORY

(This information is needed and will be used only in relationship to your background check.)

(All Applicants Must Account For The Last 10 Years.)

List Below Starting With The Last Previous Address First:

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

City: _____

County: _____ State: _____ Zip: _____

(All Applicants Must Account For The Last 10 Years.)
(If you need additional space, please continue on a separate sheet of paper.)

Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor's Name: _____
Position Held: _____ Full-Time Part-Time
Job Duties & Responsibilities: _____
Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month
Reason For Leaving: _____
May we contact this employer? Yes No If "No", please explain: _____

Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor's Name: _____
Position Held: _____ Full-Time Part-Time
Job Duties & Responsibilities: _____
Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month
Reason For Leaving: _____
May we contact this employer? Yes No If "No", please explain: _____

Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor's Name: _____
Position Held: _____ Full-Time Part-Time
Job Duties & Responsibilities: _____
Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month
Reason For Leaving: _____
May we contact this employer? Yes No If "No", please explain: _____

Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor's Name: _____
Position Held: _____ Full-Time Part-Time
Job Duties & Responsibilities: _____

What did you like best about your last job?

What did you like least about your last job?

Describe the circumstances, which led up to your decision to leave your last job.

If you could have made one suggestion to management at your last job, what would it have been?

What are your greatest strengths?

What do you see yourself doing five years from now?

If there were absolutely no restrictions placed on you, what would you most want to do in life?

DRIVING RECORD: Verification of History

Employee Name: _____ Have you a valid driver's license? Yes No

Driver's License Number: _____ State Issued: _____ Expiration Date: _____

List any restrictions on driver's license: _____

applying for: _____

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In responding to these questions, continue on a separate sheet if you require additional space.)

List dates and reasons for any gaps in employment experience you listed over a one month period. _____

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? Yes No If "Yes", identify the name(s) and relevant dates: _____

MILITARY SERVICE

Are/Were you in the U.S. Armed Forces? Yes No Branch: _____
Length of Service: From: _____ To: _____ Rank at discharge: _____
Describe any special job related training received relating to position applied for: _____

Have you ever had training/schooling under the G.I. Bill? _____ If "yes", describe: _____

REFERENCES

Give name, address and telephone numbers of 4 references who are not related to you and are not previous employers.

Name: _____ Home Phone: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip: _____
Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip: _____
Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip: _____
Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

1. I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date. When I responded to questions on this application, I continued on a separate sheet of paper and attached it to this application when I required more space to fully answer all questions.

2. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history. Criminal history records from any criminal justice agency in any or all-federal, state, city and county jurisdictions. Included as well but not limited to State Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration. As well as Military National Personnel Record Center, Educational institutions including but not limited to transcripts or any individual, company, firm, corporation, present and/or past employers, public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully give my consent to and understand that Memorial Health Center and /or their agent/Company, may be requesting information from public and private sources about any of the information noted earlier in this paragraph.

3. If applicable all medical and workers' compensation information will be requested in compliance with all Federal and State laws including the Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.

4. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

5. All job offers are contingent upon the review of references, background checks, OIG Excluded Providers, and other relevant information. Any misleading or incorrect statements, omissions or failure to disclose any health care related criminal conviction or any threatened or actual debarment, exclusion or other ineligibility of participation in federally funded health care programs may remove this application from further consideration for employment and, if employed, may be cause for termination.

6. I hereby authorize, without reservation, any one contacted by Memorial Health Center and /or their agent/Company, Inc., to furnish the information described in Section 1.

APPLICANT COMPLETE THE FOLLOWING:

Signature

Today's Date

Please, print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please, print other names you have used

Social Security Number

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of or plead guilty to a crime? No Yes If yes, please explain:
(A conviction will not automatically disqualify you from being considered as a candidate for employment.)
