

APPLICATION FOR EMPLOYMENT

Mahnomen Health Center is an equal opportunity employer and will not discriminate against any applicant or employee on any grounds protected under Federal, State, or local law, including race, color, creed, religion, age, sex, national origin, ancestry, marital status, affect ional preference, disability or status with regard to source of income.

PLEASE PRINT

DATE: _____

POSITION(S) APPLIED FOR _____

NAME: _____ PHONE NO. _____

ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP

ARE YOU OF LEGAL AGE TO WORK? YES NO

ARE YOU LEGALLY PERMITTED TO WORK IN THE U.S. ? YES NO

MINIMUM WAGE OR SALARY DESIRED: _____ DATE AVAILABLE: _____

WHAT SHIFTS CAN YOU WORK? DAYS EVENINGS NIGHTS WEEKENDS HOLIDAYS

ARE YOU APPLYING FOR: FULL-TIME PART-TIME CASUAL/ON-CALL TEMPORARY

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY MAHNOMEN HEATH CENTER?

YES _____ NO _____ WHEN: _____

HOW WERE YOU REFERRED? ADVERTISEMENT NAME OF PUBLICATION: _____
 EMPLOYEE REFERRAL NAME OF EMPLOYEE: _____
 EMPLOYMENT AGENCY NAME OF AGENCY _____
 OTHER PLEASE SPECIFY _____

EDUCATIONAL HISTORY

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did you Graduate?	List Diploma or Degree	
			9	10	11	12		Yes	No
High School			9	10	11	12	Yes	No	G.E.D. Yes No
Technical/Military Schools			1	2	3	4	Yes	No	
College/University			1	2	3	4	Yes	No	
Other (Specify)			1	2	3	4	Yes	No	
List subjects of special study, research work or training.						List honor societies and academic recognition			

EMPLOYMENT HISTORY

PLEASE ACCOUNT FOR ALL PERIODS OF EMPLOYMENT. START WITH YOUR PRESENT OR MOST RECENT POSITION AND INCLUDE MILITARY SERVICE. A RESUME MAY BE ATTACHED TO SUPPLEMENT INFORMATION. ATTACH ADDITIONAL SHEETS AS NECESSARY IF YOU NEED MORE SPACE. **INFORMATION REQUESTED BELOW MUST BE COMPLETED.**

NAME OF EMPLOYER		ADDRESS	CITY	STATE	AREA CODE/TELEPHONE
DATE STARTED	STARTING SALARY/WAGE \$ PER HR/YR	STARTING POSITION	MAY WE CALL YOU AT THIS NUMBER?		YES NO
ENDED	ENDING SALARY/WAGE \$ PER HR/YR	PRESENT POSITION	MAY WE CONTACT THIS EMPLOYER PRIOR TO ANY OFFER?		YES NO
NAME & TITLE OF SUPERVISOR		REASON FOR LEAVING			
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES (INCLUDE NUMBER OF EMPLOYEES YOU SUPERVISED, IF APPLICABLE)					
DATE OF LAST SALARY INCREASE:					

NAME OF EMPLOYER		ADDRESS	CITY	STATE	AREA CODE/TELEPHONE
DATE STARTED	STARTING SALARY/WAGE \$ PER HR/YR	STARTING POSITION	MAY WE CALL YOU AT THIS NUMBER?		YES NO
ENDED	ENDING SALARY/WAGE \$ PERHR/YR	PRESENT POSITION	MAY WE CONTACT THIS EMPLOYER PRIOR TO ANY OFFER?		YES NO
NAME & TITLE OF SUPERVISOR		REASON FOR LEAVING			
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES (INCLUDE NUMBER OF EMPLOYEES YOU SUPERVISED, IF APPLICABLE)					

NAME OF EMPLOYER		ADDRESS	CITY	STATE	AREA CODE/TELEPHONE
DATE STARTED	STARTING SALARY/WAGE \$ PER HR/YR	STARTING POSITION	MAY WE CALL YOU AT THIS NUMBER?		YES NO
ENDED	ENDING SALARY/WAGE \$ PER HR/YR	PRESENT POSITION	MAY WE CONTACT THIS EMPLOYER PRIOR TO ANY OFFTER?		YES NO
NAME & TITLE OF SUPERVISOR		REASON FOR LEAVING			
BRIEF DESCRIPTION OF YOU RESPONSIBILITIES (INCLUDE NUMBER OF EMPLOYEES YOU SUPERVISED, IF APPLICABLE)					

EMPLOYMENT HISTORY (CONTINUED)

DATE S FROM	TO	COMPANY NAME	STREET ADDRESS CITY, STATE & ZIP	YOUR TITLE

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY:	REGISTERED	LICENSED	CERTIFIED
ELIGIBLE FOR:	REGISTRATION	LICENSURE	CERTIFICATION

IF LICENSED, REGISTERED OR CERTIFIED PLEASE COMPLETE THE FOLLOWING:

Type _____	State issued _____	Date _____	No. _____
Type _____	State issued _____	Date _____	No. _____

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

Spreadsheets	List type(s) used: _____
Word Processor	List type(s) used: _____
Typewriter	List speed: _____
Calculator	Ten Key Ability _____ By Touch _____ By Sight _____
Other	Describe: _____

OTHER INFORMATION

1. HAVE YOU BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON IN THE PAST TEN YEARS?
 YES _____ NO _____

Note: a "yes" answer does not automatically disqualify you from employment since the nature of the offense, date of the offense, and type of job for which you are applying will be considered.

If yes, please explain: _____

ARE YOU CHARGED WITH AN UNRESOLVED CRIMINAL CHARGE (HAVE YOU BEEN CHARGED WITH A CRIME THAT HAS NOT YET RESULTED IN A PLEA OF GUILTY, COURT TRIAL, OR DROPPING OF THE CHARGE)?
 YES _____ NO _____

Note: "yes" answer will not automatically disqualify you from employment since the nature of the charge, date of the charge and type of job for which you are applying will be considered.

If yes, please explain: _____

COMPLETE #2 ONLY IF POSITION REQUIRES DRIVING A COMPANY VEHICLE.

2. ARE YOU A LICENSED DRIVER? YES _____ NO _____ Type of license: Class _____

Indicate license number and state of issuance: _____

2. 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. (YOU MAY OMIT ANY ACTIVITIES, HONORS, MEMBERSHIPS OR OTHER ITEMS WHICH TEND TO IDENTIFY YOUR RACE, SEX, NATIONAL ORIGIN, AGE, DISABILITY OR OTHER PERSONAL TRAITS THAT YOU PREFER NOT TO DISCLOSE.)

REFERENCES

LIST PEOPLE, OTHER THAN RELATIVES, FAMILIAR WITH YOUR WORK PERFORMANCE.			
NAME	POSITION	BUSINESS ADDRESS	AREA CODE/TELEPHONE

**APPLICANT: PLEASE READ AND SIGN THIS ACKNOWLEDGMENT TO
COMPLETE APPLICATION FOR EMPLOYMENT**

ACKNOWLEDGMENT

1. I understand that any offer of employment made to me will be in writing and contingent upon successful completion of a physical examination if required for the position(s) for which I am applying. I understand that I may be subject to a follow-up medical examination if the follow-up examination is medically related to the previously obtained medical information and needed to determine reasonable accommodation.
2. I authorize this organization to make any investigation deemed necessary for employment consideration, promotion or transfer within the organization. I understand that this includes, but is not limited to criminal background check and motor vehicle driving records. I authorize all persons, schools, employers and law enforcement authorities to release any information provided in the interview. I hereby release any said persons, schools, employers and law enforcement authorities from all liability in responding to inquiries in connection with my application for employment.
3. I understand that as part of my application for employment and that at any time during the course of such employment, I may be required to be examined concerning my ability to perform any job in a manner that does not endanger my own health or safety or the health or safety of others.
4. I authorize all providers of health care who examine me pursuant to company requirements to disclose to my employer or any of its agents, all medical information revealed during such examinations. I understand this Authorization will remain valid for five (5) years from the dated of this application, and that if I become employed this Authorization will remain in effect for one (1) year after my employment terminates.
5. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and the pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any offer of employment will be withdrawn and if employed, I may be subject to dismissal.
6. If selected for employment, I will comply with the safety, work and attendance policies of my employer.
7. I understand that any offer of employment is contingent upon presentation on my start date of acceptable proof of identity and right to work in the United States.
8. I understand that if company policy requires, I am willing to submit to drug and alcohol testing.
9. I understand this employment application is not to be construed as a guarantee of employment. I understand that if I am selected, my employment with the organization will not constitute any form of contract, implied or expressed , and such employment is "at-will" which means that either the Mahnomen Health Center or I may terminate the employment relationship at any time and for no reason. If hired, my "at-will" employment status may only be changed by a written employment agreement signed by an authorized representative. No Mahnomen Health Center supervisor or department head has the authority to offer or promise anything other than "at-will" employment.

By my signature, I acknowledge having read and understand the above statements and I promise that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete. Again, I understand that any false or misleading information or significant omission will disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date. I agree to immediately notify my employer if I should be convicted of a felony or any crime while my job application is pending, or during my period of employment, if hired. I also understand that I have the right to receive a copy of this acknowledgment should I request a copy.

Date: _____ **Signature:** _____
(Do Not Print)

AFFIRMATIVE ACTION SURVEY

PLEASE READ CAREFULLY

Applicants are considered for all positions and employees are treated equitably during their employment without regard to their race, color, creed, sex, national origin, age, marital status, affectional preference, disability, military status or status with regard to source of income.

As an employer taking affirmative action to ensure the removal of any possible discrimination and to help comply with governmental record-keeping requirements, we would appreciate your completing this form. However, COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY. The data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Date: _____ **Position(s) applied for** _____

Name: _____ **Phone:** _____

Address _____
Last First MI Street City State zip

Birthdate: _____ **Social Security #:** _____ **Gender:** Male Female

HOW WERE YOU REFERRED TO MAHNOMEN HEALTH CENTER:

Newspaper Ad: _____ (Name) College/Technical: _____ (Name)
Employee/Former Employee Referral: _____ (Name) Walk-in
Community Agency Referral: _____ (Name) Minnesota Job Service
Other: _____ (Please Describe)

Race/Ethnic Group:

Caucasian- persons having origins in any of the original people of Europe, North Africa, or the Middle East.
African-American- persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
American Indian or Alaskan Native- persons having origins in any of the original people of North America and who maintain cultural identification through tribal or community affiliation.
Asian or Pacific Islander- persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-Continent or the Pacific Islands. Includes for example: China, Japan, Korea. The Philippine Islands, and Samoa.

Are you a Vietnam era veteran? Yes No Are you a disabled veteran? Yes No

Several conditions qualify an individual for disabled status. Do you have a condition, which materially limits one or more major life activities?

No
Visually Impaired
Hearing Impaired
Learning Disability
Mental Illness
Mental Retardation
Mobility impairment
Other (May include diabetes, epilepsy, permanent disability from a work-related injury, cardiovascular disease, multiple sclerosis, paralysis, AIDS, muscular dystrophy, back problems, arthritis alcohol addition and other medical conditions.)