

NAME: _____ DATE: _____

POSITION(S) APPLIED FOR: _____



610 Summit Drive
Fairmont, MN 56031
Phone (507) 235-6606
Fax (507) 235-3995

An Equal Opportunity and Affirmative Action Employer

Lakeview Methodist Health Care Center is committed to a policy of equal treatment and opportunity without regard to race, color, national origin, creed, religion, gender, marital status, sexual preference, or status with regard to public assistance or physical handicap. Thank you for your interest in employment at Lakeview Methodist Health Care Center.

CLERICAL APPLICANT ONLY

Check items at which you are skilled.

Switchboard
 Fax Machine
 Calculating Machine
 Computer / wpm _____
 Software used _____
 Other (*Specify*) _____

NURSING APPLICANTS ONLY

RN: List License #, states registered and expiration date: _____

LPN: List License #, states licensed and expiration date: _____

NA/REG: List certification, states: _____

Length of course: 30 84 Other # hours _____

Are you on the registry? Yes No If yes, what state(s): _____

EMPLOYMENT HISTORY

List complete employment history starting with last employer first:

Employer	Dates Employed	Work Performed
Address	From: _____ To: _____	
Telephone	HOURLY WAGE / SALARY	
Job Title	Starting \$ _____ per _____	
Supervisor	Ending \$ _____ per _____	
Reason for Leaving	Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer	Dates Employed	Work Performed
Address	From: _____ To: _____	
Telephone	HOURLY WAGE / SALARY	
Job Title	Starting \$ _____ per _____	
Supervisor	Ending \$ _____ per _____	
Reason for Leaving	Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer	Dates Employed	Work Performed
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Supervisor	Ending \$ _____ per _____	
Reason for Leaving	Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	

May we contact your present employer? ___ Yes ___ No ___ Not at this time

Which of these jobs did you like the best and why: _____

Which of these jobs did you like the least and why: _____

Please describe your work interest and/or career goals: _____

Special Skills/Training that may be useful in evaluating you for employment: _____

REFERENCES:

Give the name of three non-relatives whom you have known at least one year.

NAME	PHONE #	ADDRESS	YEARS ACQUAINTED
1.			
2.			
3.			

APPLICANT RELEASE

Read Before You Sign

I understand and agree that any offer of employment is conditional upon completing and passing a medical screening based on the physical demands of the job for which I am applying, acceptable reference checks, criminal background check, and successful completion of the orientation period.

I authorize Lakeview Methodist Health Care Center to investigate all statements contained in this application and I understand that misinformation given on my employment application form and during the medical screening is sufficient cause for termination, if I am employed.

I understand that nothing contained in this employment application or the granting of an interview or in any policies, procedures, and handbooks I might receive, is intended to create an employment contract between Lakeview Methodist Health Care Center and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Lakeview Methodist Health Care Center. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and Lakeview Methodist retains a similar right regarding the termination of my employment.

Applicant Signature

Date

