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

	PERSO	)NA	L IN	FOR	MA	TION	
Date:							
Full legal name:							
Social Security #:	tion. Social Security number will be	(No	ote: SS# i d on othe	is optior er forms	ıal. Faii prior to	lure to submit social security nur employment)	nber on this form will not
Present Address:	City					Phone # H	W
Street	City		St	ate	Z	Zip	
Are you at least 18 years testing and emergency medical	,						on for mandatory mantoux
	EMPI	LOY	MEN	NT D	ESI	RED	
Position Applied for:						Shift Preferred:	Day Eve Night
Position Status: Full -	Time Part - Time Or	n Call	Se	asonal	Ι	Date Available to Start:	
Have you ever worked at	Lakeview Methodist before?	Ye	s No	o If Y	Yes, wł	nen?D	ept:
Supervisor:				Re	ason fo	or Leaving:	
How did you learn of this	job opportunity:	Ac	lvertise	ment	_	Walk - in	Internal Posting
	-	En	nployee	;	_	Web Site	Employment Agency
EDUCATION	NAME AND ADDRESS	-	CIRCL	FLAS	T	DID YOU	COURSE OF STUDY
	OF SCHOOL	YEA	R CO			GRADUATE?	/ DEGREE
HIGH SCHOOL		9	10	11	12	Yes No	
COLLEGE / UNIVERSITY		1	2	3	4	Yes No Still Attending	
TECH / BUS SCHOOL		1	2	3	4	Yes No Still Attending	
OTHER EDUCATION							
	an educational program in the						rogram and expected
For purposes of complianYesNo	ce with The Immigration and	Contro	ol Act, a	are you	ı legall	y eligible for employment	in the United State?

<sup>\*\*</sup>Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

## CLERICAL APPLICANT ONLY

Check items at which you are skilled.

				Computer / wpm				
RN: List License #, states registered and expiration date:  LPN: List License #, states licensed and expiration date:  NA/RFG: List certification, states:  Length of course:	Software asea			,				
RN: List License #, states registered and expiration date:  LPN: List License #, states licensed and expiration date:  NA/RFG: List certification, states:  Length of course:								
List License #, states licensed and expiration date:		NURS	ING APPLICANTS (	ONLY				
List License #, states licensed and expiration date:								
List License #, states licensed and expiration date:	RN: List License # state:	s registered and expiration	date:					
NA/REG: List certification, states:   Length of course:30								
Length of course:	LPN: List License #, stat	es licensed and expiration	date:					
Length of course:	NA/REG: List certification	on states:						
No   If yes, what state(s):			Other # hours					
EMPLOYMENT HISTORY  List complete employment history starting with last employer first:  Employer  Dates Employed  Work Performed  Address  From:   To:    Supervisor  Ending \$ per    Dates Employed  Work Performed  MOURLY WAGE / SALARY  Job Title  Starting \$ per    Dates Employed  Work Performed  MOURLY WAGE / SALARY  Job Title  Starting \$ per    Supervisor  Ending \$ per    Supervisor  Ending \$ per    Supervisor  Ending \$ per    Supervisor  Employer  Dates Employed  Work Performed								
Employer         Dates Employed         Work Performed           Address         From:           To:            Telephone         HOURLY WAGE / SALARY           Job Title         Starting \$    per             Supervisor         Ending \$    per             Reason for Leaving         Status:    Full time    Part time             Employer         Dates Employed         Work Performed           Address         From:       To:              To:             Telephone         HOURLY WAGE / SALARY            To:             Job Title         Starting \$    per              To:             Reason for Leaving         Statting \$    per              To:             Reason for Leaving         Status:    Full time    Part time              To:             Employer         Dates Employed         Work Performed           Address         From:       To:              To:             Fleehpone         HOURLY WAGE / SALARY            Formation    To:             Job Title         Starting \$    per              Part time	Are you on the	registry? Yes N	o If yes, what state(s):					
Employer         Dates Employed         Work Performed           Address         From:           To:            Telephone         HOURLY WAGE / SALARY           Job Title         Starting \$    per             Supervisor         Ending \$    per             Reason for Leaving         Status:    Full time    Part time             Employer         Dates Employed         Work Performed           Address         From:       To:              To:             Telephone         HOURLY WAGE / SALARY            To:             Job Title         Starting \$    per              To:             Reason for Leaving         Statting \$    per              To:             Reason for Leaving         Status:    Full time    Part time              To:             Employer         Dates Employed         Work Performed           Address         From:       To:              To:             Fleehpone         HOURLY WAGE / SALARY            Formation    To:             Job Title         Starting \$    per              Part time								
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Starting   Per   Supervisor   Ending   Per   Supervisor   Ending   Part time   Part time								
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Job Title         Starting \$ per           Supervisor         Ending \$ per		From						
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	Reason for Leaving			_				

Status:

Full time

Part time

May we contact your present e	mployer?	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 interes	st and/or career goals:					
Special Skills/Training that may be useful in evaluating you for employment:						
		REFERE	NCES:			
	he name of three non		•		777.176	
NAME	PHONE :	#	A	ADDRESS	YEARS ACQUAINTED	
1.						
2.						
3.						
					,	
	APF	PLICANT Read Before	RELEASE 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						