



EMPLOYMENT APPLICATION

258 Pine Tree Drive • P.O. Box 258
 Bigfork, MN 56628
 Phone (218) 743-3177

DATE OF APPLICATION: _____

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the intent and policy of this hospital to provide equality of opportunity in employment to all persons. This policy prohibits discrimination for any reason, including sex, race, color, age, physical handicaps, national origin, marital status or religion in all aspects of its personnel policies, programs, practices and operations. This policy applies to all phases of full-time, part-time, temporary and casual employment.

All information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment by this facility. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for the position.

PERSONAL	LAST NAME		FIRST		MIDDLE		CELL PHONE NO.		
	PRESENT ADDRESS			CITY	STATE	ZIP CODE	TELEPHONE NO.		
	PERMANENT ADDRESS (IF DIFFERENT THAN ABOVE)			CITY	STATE	ZIP CODE	EMAIL ADDRESS		
	POSITION APPLIED FOR						SALARY DESIRED		
	HOW WERE YOU REFERRED TO THIS FACILITY?				ARE YOU APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL				
	HAVE YOU EVER BEEN HIRED BY THIS FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, WHEN?</i>				ARE YOU 18 YRS OLD OR YOUNGER? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE AVAILABLE FOR WORK		
	LONG RANGE GOALS				WOULD YOU CONSIDER WORKING ANY SHIFT?..... <input type="checkbox"/> YES <input type="checkbox"/> NO WEEKENDS & HOLIDAYS..... <input type="checkbox"/> YES <input type="checkbox"/> NO ROTATING SHIFTS..... <input type="checkbox"/> YES <input type="checkbox"/> NO ON CALL..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
	ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO								
EDUCATION / SKILLS	SCHOOL	NAME AND ADDRESS OF SCHOOL		COURSE OF STUDY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE		
	HIGH				1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	COLLEGE				1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	COLLEGE				1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	OTHER BUSINESS COLLEGE, OTHER SPECIAL COURSES (INCLUDE SPECIAL MILITARY TRAINING, POST GRADUATE AND NURSING)								
	AREA OF SPECIALIZATION OR MAJOR INTEREST				TYPING (APPROX. WPM)		SHORTHAND (APPROX. WPM)		
	LIST HEALTH CARE, BUSINESS OR INDUSTRIAL EQUIPMENT OPERATED								
	PROFESSIONAL LICENSES AND / OR CERTIFICATES								
	ARE YOU CURRENTLY..... <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED ARE YOU ELIGIBLE FOR <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION								
	IF LICENSED, REGISTERED OR CERTIFIED	TYPE			STATE ISSUED	DATE	NO.		
TYPE			STATE ISSUED	DATE	NO.				
TYPE			STATE ISSUED	DATE	NO.				

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.

PREVIOUS EXPERIENCE	JOB TITLE	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY (hourly, monthly or yearly)
	EMPLOYER NAME			PHONE	HOURS PER WEEK
	ADDRESS				
	DUTIES				
	REASON FOR LEAVING				
	JOB TITLE	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY (hourly, monthly or yearly)
	EMPLOYER NAME			PHONE	HOURS PER WEEK
	ADDRESS				
	DUTIES				
	REASON FOR LEAVING				
	JOB TITLE	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY (hourly, monthly or yearly)
	EMPLOYER NAME			PHONE	HOURS PER WEEK
	ADDRESS				
	DUTIES				
	REASON FOR LEAVING				
	JOB TITLE	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY (hourly, monthly or yearly)
	EMPLOYER NAME			PHONE	HOURS PER WEEK
	ADDRESS				
	DUTIES				
	REASON FOR LEAVING				
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF NO, PLEASE EXPLAIN:</i>					
SPECIAL SKILLS & QUALIFICATIONS	SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE				

DID YOU SERVE IN THE U.S. ARMED SERVICES..... YES NO IF YES, WHAT BRANCH?

HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES?..... YES NO WHERE?

BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH VOLUNTEER OR MILITARY SERVICE: (INCLUDE DATES)

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS

REFERENCES	NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, should my current employer (if applicable) and previous employers and organizations named in this application and accompanying resume, if any to provide this facility and all affiliates with any relevant information regarding an employment decision, and release all such persons from any liability regarding the provision or use of such information.

DATE _____ SIGNATURE _____

TO BE COMPLETED AFTER INTERVIEW

FOR OFFICE USE ONLY	HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO SEE COMMENTS BELOW			
	REFERENCES CHECKED & BY WHOM?:	REFERENCE #1	DATE	REFERENCE #2 DATE REFERENCE #3 DATE
	PERSONAL NOTES (these notes are open to inspection - keep information factual)			

IF APPLICANT IS 16 YRS OLD OR LESS, IS PROOF OF AGE ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTERVIEWER'S SIGNATURE			
STARTING DATE <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> ROTATION			
DEPARTMENT	POSITION / JOB TITLE	STARTING SALARY / GRADE		