

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
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: _____	
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Job Title	Starting \$ _____ per _____	
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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	
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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