NAME:_____ **DATE:**_____

POSITION(S) APPLIED FOR: _____

Lakeview
Health Services
Hope, Heart, Healing

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.

PERSONAL INFORMATION

Date:_____

Full legal name:_____

Social Security #:_____ (*Note: SS# is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security number will be required on other forms prior to employment)*

Present Address:_____ Phone # H-_____ W-_____
Street City State Zip

Are you at least 18 years of age? __Yes __ No *(Applicants between ages of 16-18 will need to obtain parental permission for mandatory mantoux testing and emergency medical treatment)*

EMPLOYMENT DESIRED

Position Applied for:_____ Shift Preferred: ___ Day ___ Eve ___ Night

Position Status:___ Full - Time ___ Part - Time ___ On Call ___ Seasonal Date Available to Start:_____

Have you ever worked at Lakeview Methodist before? ___Yes __ No If Yes, when?_____Dept:_____

Supervisor:_____ Reason for Leaving:_____

How did you learn of this job opportunity: ___ Advertisement ___ Walk - in ___ Internal Posting
___ Employee ___ Web Site ___ Employment Agency

EDUCATION	NAME AND ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	COURSE OF STUDY / DEGREE
HIGH SCHOOL		9	10	11	12	___ Yes ___ No ___ Still Attending	
COLLEGE / UNIVERSITY		1	2	3	4	___ Yes ___ No ___ Still Attending	
TECH / BUS SCHOOL		1	2	3	4	___ Yes ___ No ___ Still Attending	
OTHER EDUCATION							

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

For purposes of compliance with The Immigration and Control Act, are you legally eligible for employment in the United State?
__ Yes __ No

**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.

___ 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		
Job Title		
Supervisor		
Reason for Leaving	Status: __ Full time __ Part time	
Employer	Dates Employed	Work Performed
Address	From: || To:	
Telephone		
Job Title		
Supervisor		
Reason for Leaving	Status: __ Full time __ Part time	
Employer	Dates Employed	Work Performed
Address	From: || To:	
Telephone		
Job Title		
Supervisor		
Reason for Leaving	Status: __ Full time __ Part time	
Employer	Dates Employed	Work Performed
Address	From: || To:	
Telephone		
Job Title		
Supervisor		
Reason for Leaving	Status: __ Full time __ Part time	
Employer	Dates Employed	Work Performed
Address	From: || To:	
Telephone		
Job Title		
Supervisor		
Reason for Leaving	Status: __ Full time __ 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