

EMPLOYMENT APPLICATION

GLACIAL RIDGE HEALTH SYSTEM, GLENWOOD, MN

AN EQUAL OPPORTUNITY EMPLOYER

Glacial Ridge Health System is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

DATE OF APPLICATION

____/____/____

Please print and fill out all sections

APPLICANT INFORMATION

Name _____
FIRST MIDDLE LAST

Current Address _____

City _____ State _____ ZIP _____

E-mail Address _____

Home Phone (____) _____ Cell Phone (____) _____

How were you referred to our company? _____

EMPLOYMENT POSITIONS

Position(s) Requested 1) _____
2) _____

Please **check** the type of work you are applying for.

Regular part-time Regular full-time Temporary work (summer/holiday)

Are you able to meet the attendance requirements of this position? Y N

Driver's License Number (if job related) _____ State _____

Please **circle** days available. **Mon.** **Tue.** **Wed.** **Thu.** **Fri.** **Sat.** **Sun.**

Please **circle** hours available. **am / pm** **am / pm** **am / pm** **am / pm** **am / pm** **am / pm** **am / pm**

If hired, on what date can you start working? ____/____/____ Can you work weekends? Y N

Can you work holidays? Y N Can you work evenings and rotating shifts? Y N

Are you available to work overtime? Y N Salary Desired \$ _____

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GLACIAL RIDGE
HEALTH SYSTEM *heartfelt care*

PERSONAL INFORMATION

Have you ever applied to / worked for Glacial Ridge Health System before? Y N

Do you have any friends, relatives, or acquaintances working for this company? Y N

State name / relationship, acquaintance(s) _____

If hired, would you have transportation to/from work? Y N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work
in the United States? Y N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?
 Y N If no, describe the functions that cannot be performed:

NOTE: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y N

If yes, please describe the crime — state nature of the crime(s), when and where convicted and disposition
of the case: _____

NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EDUCATION, TRAINING AND EXPERIENCE

High School Name _____

School Address _____

City _____ State _____ ZIP _____

years completed _____ Did you graduate? Y N Degree / Diploma earned _____

Vocational School Name _____

School Address _____

City _____ State _____ ZIP _____

years completed _____ Did you graduate? Y N

Degree / Diploma earned _____

College / University Name _____

School Address _____

City _____ State _____ ZIP _____

years completed _____ Did you graduate? Y N

Degree / Diploma earned _____

Military Branch _____ Rank _____ Years of Service _____

Skills/Duties _____

ADDITIONAL INFORMATION

Do you speak, write or understand any foreign languages? Y N

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Y N

If yes, please explain _____

PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

Type _____ License # _____ Organization / State Issued _____ Date ____/____/____

Type _____ License # _____ Organization / State Issued _____ Date ____/____/____

Type _____ License # _____ Organization / State Issued _____ Date ____/____/____

EMPLOYMENT HISTORY

Are you currently employed? Y N

If you are currently employed, may we contact your current employer? Y N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer _____

Name of Supervisor _____ Business Type _____

City _____ State _____ ZIP _____

Length of Employment (Include Dates) _____

Position Held _____ Reason for Leaving _____

Starting Wage \$ _____ Ending Wage \$ _____

May we contact this employer for references? Y N

Name of Employer _____
 Name of Supervisor _____ Business Type _____
 City _____ State _____ ZIP _____
 Length of Employment (Include Dates) _____
 Position Held _____ Reason for Leaving _____
 Starting Wage \$ _____ Ending Wage \$ _____
 May we contact this employer for references? Y N

Name of Employer _____
 Name of Supervisor _____ Business Type _____
 City _____ State _____ ZIP _____
 Length of Employment (Include Dates) _____
 Position Held _____ Reason for Leaving _____
 Starting Wage \$ _____ Ending Wage \$ _____
 May we contact this employer for references? Y N

REFERENCES

Please list below three persons who have knowledge of your work performance within the last four years. Please include professional references only, not personal references.

Name _____ Phone (_____) _____
 Current Address _____
 City _____ State _____ ZIP _____
 Occupation _____ Number of Years Acquainted _____

Name _____ Phone (_____) _____
 Current Address _____
 City _____ State _____ ZIP _____
 Occupation _____ Number of Years Acquainted _____

Name _____ Phone (_____) _____
 Current Address _____
 City _____ State _____ ZIP _____
 Occupation _____ Number of Years Acquainted _____

Please read the following, then sign below.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided.

I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

This application is current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application. Online employment applications may also be used; go to GLACIALRIDGE.org. Go to the employment tab for further instructions on how to fill out and send the application to this employer.

Applicant's Signature _____ Date ____/____/____