

# EMPLOYMENT APPLICATION



200 STATE AVENUE FARIBAULT, MN 55021

Telephone: 507-334-6451

Fax: 507-332-4851

Web Site: [www.districtonehospital.com](http://www.districtonehospital.com)

*An Equal Opportunity Employer*

*No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, creed, national origin, age, marital status, disability, religion, public assistance, membership or activity in local commission, sexual orientation, or veteran status.*

*Employees must adhere to District One Hospital's "Standards of Service Excellence" which are published on the website at [www.districtonehospital.com](http://www.districtonehospital.com)*

This application will be maintained in our files for a period of one (1) year. If after one year you still wish to be considered for employment, you are encouraged to fill out another application. If your address or phone number changes during this time, please contact us indicating the correction.

## **Accessibility Notice:**

While every reasonable effort has been made to ensure the accessibility of this document, some content or services found here might be inaccessible to some visitors. In those circumstances, please contact

Human Resources at District One Hospital.

Telephone: (507) 332-4772

Fax: (507) 332-4851



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please provide us with the following information wherever appropriate. Date: \_\_\_\_\_

## PERSONAL

Full Legal Name: (last, first, middle)		Telephone #	
		Best time to call:	
Address: (street, city, state, zip code)		Are you at least 16 years of age?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
E-Mail Address:	Position Applied For:	Type of Employment Interested In: (Check all that apply) Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Have You Applied Here Within Last Year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Available for Employment:	Pay Expected :	Other Areas of Employment Interest:	
Social Security # :	Are you Legally Eligible For Employment In The United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Availability: (Please check all that apply) Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Weekend <input type="checkbox"/> Rotating <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Would you be <b>unable</b> to come to work on certain days? If so specify:	
Have you ever been employed by District One Hospital?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
If "Yes" Dates Employed	From:	To:	Position(s) Held:
List any special training or skills, languages, machine operation, hobbies, activities, etc. in which you participate which relate to the job for which you applied:			

## PROFESSIONAL

PROFESSIONAL LICENSES/CERTIFICATION/REGISTRATION	Year	Expiration Date (date, month, year)	State	Number

## RELATED SKILLS

Indicate any office equipment with which you are proficient: \_\_\_\_\_ Typing Speed: \_\_\_\_\_

Indicate computer equipment and software with which you are proficient: \_\_\_\_\_

Indicate nursing skills on the "Pre-Employment Skills Assessment" form – please request this from receptionist.

Other: \_\_\_\_\_

## EDUCATIONAL DATA

TYPE	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DEGREE (or) DIPLOMA
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Education				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT HISTORY

Please fill out completely with most recently held positions listed first. Do not omit unrelated work experience. Include military service, if applicable. You may attach an additional page if you have more relevant work history. Resumes are accepted but are not a substitute for this section

Most Recent Employer:	Your Title:	Last Salary:	Work Performed:
Address:	Reason for Leaving:	Date Began: Mo/Yr:	
Telephone Number:	Your Supervisor's Name:	Date Left: Mo/Yr:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer:	Your Title:	Last Salary:	Work Performed:
Address:	Reason for Leaving:	Date Began: Mo/Yr:	
Telephone Number:	Your Supervisor's Name:	Date Left: Mo/Yr:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer:	Your Title:	Last Salary:	Work Performed:
Address:	Reason for Leaving:	Date Began: Mo/Yr:	
Telephone Number:	Your Supervisor's Name:	Date Left: Mo/Yr:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Which of these jobs did you like the best?	
What did you like most about this job?	

## Personal References

**Please list the names of three persons not related to you, whom you have known at least one year.**

Name:	Address: Street, City, State, Zip Code	Occupation:
Telephone #		
Name:	Address: Street, City, State, Zip Code	Occupation:
Telephone #		
Name:	Address: Street, City, State, Zip Code	Occupation:
Telephone #		

Have you ever been convicted of a crime (excluding parking and petty misdemeanor traffic tickets)? Conviction doesn't necessarily bar you from employment but may be used to direct your interest to areas less related to the area of your conviction. You may answer "No" to this question if the conviction or criminal records thereof have been expunged or sealed, or if you have been pardoned pursuant to law.  Yes     No

If yes, please describe in full:


**Please read and sign the opposite page.**

## APPLICANT'S STATEMENT

I hereby authorize investigation of all statements contained in this application. I release District One Hospital from any and all liability resulting from such investigation. I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal and/or refusal of employment. I understand that employment is subject to satisfactory reference reports, satisfactory completion of a pre-placement assessment, which includes a drug test, after an offer of employment has been made, but prior to commencement of employment and a criminal background study.

I understand that all conditions of employment, including but not limited to, hours, benefits, and salary are subject to change by District One Hospital at any time without prior notice to employees, subject to its obligations under the terms of any currently effective collective bargaining agreement. I also understand, unless covered by a collective bargaining agreement containing a contrary provision, that employment at District One Hospital is "at will" employment and may be terminated at any time by either party. I further understand that I am required to abide by all rules, regulations and the "Standards of Service Excellence" of District One Hospital. These are published on the website at [www.districtonehospital.com](http://www.districtonehospital.com).

I certify the information provided above is true and complete to the best of my knowledge. I have read and understand the statements in the paragraphs above. By signing here, I am also verifying information on my resume.

**Date:**

**Applicant's Signature:**

*Thank you for applying for employment with District One Hospital.*

**Please complete the Applicant Survey Form**