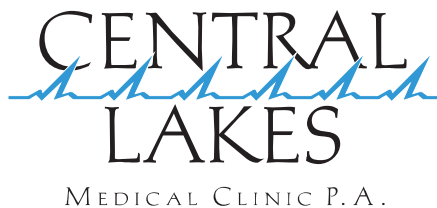


318 E. Main St.
 Crosby, MN 56441
 (218) 546-8375
 (800) 450-8375
 (218) 546-4400 Fax



www.centrallakesclinic.com
An Equal Opportunity Employer
EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE: Position Desired _____

If your application is considered favorably, on what date will you be available for work? _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
Present Address		City	State
		Zip	Telephone Number
Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ (If yes, verification will be required.)			
Are you of the legal age to work? _____ Were you previously employed by us? _____ If yes, when? _____			
Have you ever been convicted of a felony, or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment during the last ten years? (Conviction will not necessarily disqualify an applicant.) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain: _____			

EDUCATIONAL RECORD

HIGH SCHOOL (NAME AND ADDRESS)			CIRCLE LAST GRADE COMPLETED: 9 10 11 12	
			DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY AND ADDRESS	MAJOR SUBJECTS	DATES IN ATTENDANCE	DID YOU GRADUATE?	DEGREE OR NUMBER OF CREDITS EARNED
IF YOU HAVE PURSUED OTHER COURSES OF STUDY, TECHNICAL AND PROFESSIONAL TRAINING, STATE FULLY WHAT COURSES:	NAME AND COMPLETE ADDRESS OF SCHOOLS	DATES IN ATTENDANCE	DEGREE OR NUMBER OF CREDITS EARNED	

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) _____

EMPLOYMENT RECORD

I Name of present or last employer		Kind of business		Phone #		
Address		Street	City	State		Zip Code
Job title		Name of immediate supervisor		Supervisor's title		
Date started	Leaving date	Starting pay (base)	Final pay (base)	Reason for leaving		
Briefly describe the nature of your work						

II Name of present or next previous employer		Kind of business		Phone #		
Address		Street	City	State		Zip Code
Job title		Name of immediate supervisor		Supervisor's title		
Date started	Leaving date	Starting pay (base)	Final pay (base)	Reason for leaving		
Briefly describe the nature of your work						

III Name of present or next previous employer		Kind of business		Phone #		
Address		Street	City	State		Zip Code
Job title		Name of immediate supervisor		Supervisor's title		
Date started	Leaving date	Starting pay (base)	Final pay (base)	Reason for leaving		
Briefly describe the nature of your work						

EMPLOYMENT REFERENCE RELEASE

I hereby give permission to contact the employers listed above concerning my prior work experience. If there is a particular employer(s), you **do not** wish us to contact, please indicate which one(s) – circle corresponding numeral(s): I II III Signed: **X** _____

MILITARY EXPERIENCE

WERE YOU IN THE U.S. MILITARY? YES NO IF YES - WHAT BRANCH AND RANK? _____

DATE SERVED: TO _____ FROM _____ HONORABLE DISCHARGE? YES NO

EMPLOYMENT CERTIFICATION

I hereby authorize investigation of all statements contained in this application. I agree that if any misrepresentation or omission has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by Central Lakes Medical Center may be terminated immediately. If I am terminated, I agree Central Lakes Medical Center will have no obligation, nor will they be liable to me except to pay me, at the rate agreed upon, for services actually rendered if I have been employed.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Central Lakes Medical Center and myself regarding either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guaranty is binding upon Central Lakes Medical Center unless made in writing and signed by the C.E.O. of Central Lakes Medical Center or his designee.

I hereby acknowledge that I have read and understand the foregoing.

Date _____ Signature of Applicant **X** _____

_____ Previous Names Employed Under _____ Social Security Number _____

AFFIRMATIVE ACTION

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide to us on this additional document should be submitted separately from your employment application. This document will only be viewed by the person(s) responsible for completing the state and federal forms required to meet compliance regulations.



An Equal Opportunity, Affirmative Action Employer

Applicant Survey Form

Last name

First name

Middle initial(s)

Date

Position(s) for which you are applying

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is completely voluntary. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used only to monitor our compliance with equal opportunity laws and regulations and for no other purpose.* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race/Ethnicity – Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability - Are you a person with a disability?

- Yes
- No

Sex – Select one

- Female
- Male

* This form is not used for employment decisions. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.