



CHIPPEWA COUNTY-MONTEVIDEO HOSPITAL

824 NORTH 11TH STREET
MONTEVIDEO, MN 56265-1663
(320) 269-8877 PHONE (320) 269-8186 FAX
www.montevideomedical.com

EMPLOYMENT APPLICATION

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY FOR EMPLOYMENT CONSIDERATION

Please Type or Print

GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS	STREET	CITY	STATE	ZIP CODE	TELEPHONE NO.
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PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)	STREET	CITY	STATE	ZIP CODE	TELEPHONE NO.
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ARE YOU AT LEAST 16 YEARS OF AGE? (HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE)

YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR MISDEMEANOR? YES NO

IF YES, PLEASE EXPLAIN:

POSITION(S) DESIRED:	ARE YOU SEEKING
	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY _____ (NUMBER MONTHS AVAILABLE)

SHIFT(S) DESIRED:	DATE AVAILABLE (CHECK ONE)
	<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> UPON _____ WEEKS NOTICE <input type="checkbox"/> OTHER _____

DAYS AVAILABLE:	
<input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT	

HAVE YOU WORKED HERE BEFORE? NAME (IF DIFFERENT THAN ABOVE): IF YES, WHEN? _____

YES NO WHAT AREA? _____

HOW DID YOU HAPPEN TO APPLY FOR A POSITION HERE?

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST DIPLOMA OR DEGREE

DIPLOMA PROGRAM COMMERCIAL OR TECHNICAL COURSES				<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY		MAJOR:	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
		MINOR:	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER PERTINENT EDUCATION:

PROFESSIONAL APPLICANTS ONLY

STATES REGISTERED IN AND NUMBER

CLERICAL APPLICANTS ONLY

IF YOU ARE APPLYING FOR A CLERICAL POSITION: LIST OFFICE SKILLS (TYPING WPM, SHORTHAND WPM, BUSINESS MACHINES, DICTAPHONE, WORD PROCESSOR, MEDICAL TERMINOLOGY, ETC.)

EMPLOYMENT HISTORY

Indicate below all work experience beginning with your **CURRENT** or **MOST RECENT** position.

Include military experience which may relate to the position for which you are applying.

IF WORK OR EDUCATIONAL EXPERIENCE WAS OBTAINED UNDER ANOTHER NAME, PLEASE INDICATE:

EMPLOYMENT DATES FROM: Month ___ Yr ___ TO: Month ___ Yr ___	EMPLOYER (Company Name)	TELEPHONE NUMBER
FULL NAME OF SUPERVISOR	STREET ADDRESS	
TITLE OF POSITION YOU HELD	CITY	
SUMMARIZE YOUR JOB DUTIES	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL	SALARY: START: END:

REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCE / VERIFICATION PURPOSE? YES NO

EMPLOYMENT DATES FROM: Month ___ Yr ___ TO: Month ___ Yr ___	EMPLOYER (Company Name)	TELEPHONE NUMBER
FULL NAME OF SUPERVISOR	STREET ADDRESS	
TITLE OF POSITION YOU HELD	CITY	
SUMMARIZE YOUR JOB DUTIES	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL	SALARY: START: END:

REASON FOR LEAVING

EMPLOYMENT DATES FROM: Month ___ Yr ___ TO: Month ___ Yr ___	EMPLOYER (Company Name)	TELEPHONE NUMBER
FULL NAME OF SUPERVISOR	STREET ADDRESS	
TITLE OF POSITION YOU HELD	CITY	
SUMMARIZE YOUR JOB DUTIES	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL	SALARY: START: END:

REASON FOR LEAVING

EMPLOYMENT DATES FROM: Month ___ Yr ___ TO: Month ___ Yr ___	EMPLOYER (Company Name)	TELEPHONE NUMBER
FULL NAME OF SUPERVISOR	STREET ADDRESS	
TITLE OF POSITION YOU HELD	CITY	
SUMMARIZE YOUR JOB DUTIES	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL	SALARY: START: END:

OTHER INFORMATION

Volunteer and unpaid work experience which may relate to the position for which you are applying. Do not include religious, ethnic, political group affiliations.

Kind of Volunteer Activity _____

Your Title / Duties _____

Please provide us cumulative years / months of volunteer service _____

REFERENCES

Please list 3 professional references not including relatives:

- 1. _____
NAME ADDRESS PHONE
- 2. _____
NAME ADDRESS PHONE
- 3. _____
NAME ADDRESS PHONE

READ BEFORE SIGNING

I understand and agree that any offer of employment is contingent on completing and passing a physical examination based on the physical demands of the job for which I am applying.

I authorize investigation of all statements contained in this application and I understand that misinformation or omission of information not given on my employment application form and during the physical examination is sufficient cause for discharge, if I am employed.

I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks I might receive, is intended to create an employment contract between the company 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 the company unless made in writing and signed by an authorized representative of the company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and the company retains a similar right regarding the discontinuation of my employment.

I understand that a criminal background check will be performed, education credits, and previous employment history will be verified prior to employment. Signing this application is authorization to do so.

Date

Signature of Applicant



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PERSONAL REFERENCE FORM

APPLICANT: I release my past employment information, background information, and professional reference information to the Chippewa County-MonteVIDEO Hospital and Medical Clinic.

Applicant Signature

Date

If your records are under a different name, please indicate that name:

FOR HOSPITAL USE ONLY

To: _____

Attention: _____

_____ is an applicant for employment as a _____ with our hospital and has authorized the release of any information you may have in regard to his/her past employment record and character. All information will be held in strict confidence. An early reply will be greatly appreciated. Thank you for your assistance.

Signature/Title