

LakeWood Health Center

600 Main Avenue South, Baudette, MN 56623
 Phone: (218) 634-2120 FAX: (218) 634-1307

AN EQUAL OPPORTUNITY EMPLOYER

NOTICE TO APPLICANTS: Applicants are encouraged to complete each applicable question. As an Equal opportunity Employer, we will consider all applicants for employment without regard to race, color, creed, religion, age, sex, marital status, national origin, disability, public assistance status, or sexual orientation.

PLEASE PRINT:

DATE: _____

NAME: _____ SOC. SEC. NO.: _____ - _____ - _____
Last First Middle Initial

PRESENT ADDRESS: _____ (_____) _____
No. Street City State Zip Area Telephone Number

POSITION APPLIED FOR: 1st choice: _____ 2nd choice: _____

Are you authorized to work in the U.S.? Yes No (Proof of U.S. citizenship or immigration status will be required upon employment.)

Date you are available for employment: _____ Do you desire: Full Time? Part Time? Temp?

What hours are you available? _____ Have you worked here before? When? _____

WORK HISTORY/BACKGROUND (Begin with most recent employer)

DATES	NAME AND ADDRESS OF EMPLOYER		RATE OF PAY
FROM		Name & Title of Supervisor	Starting Wage
TO		Your Position	Leaving Wage
		FT or PT	

Describe in detail your duties:

Reason for leaving:

DATES	NAME AND ADDRESS OF EMPLOYER		RATE OF PAY
FROM		Name & Title of Supervisor	Starting Wage
TO		Your Position	Leaving Wage
		FT or PT	

Describe in detail your duties:

Reason for leaving:

DATES	NAME AND ADDRESS OF EMPLOYER		RATE OF PAY
FROM		Name & Title of Supervisor	Starting Wage
TO		Your Position	Leaving Wage
		FT or PT	

Describe in detail your duties:

Reason for leaving:

DATES	NAME AND ADDRESS OF EMPLOYER		RATE OF PAY
FROM		Name & Title of Supervisor	Starting Wage
TO		Your Position	Leaving Wage
		FT or PT	

Describe in detail your duties:

Reason for leaving:

U.S. MILITARY SERVICE

Have you ever served in the Armed Forces? Yes ____ No ____ If yes, what branch? _____

Dates of duty: From _____ To: _____
Month Day Year Month Day Year

Rank at discharge: _____ Type of work in service: _____

Service schools attended: _____

EDUCATIONAL BACKGROUND: Circle highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

High School

NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DIPLOMA?

If no diploma, have you passed the GED exam? _____ Date: _____

Voc. or Tech School

NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DIPLOMA OR CERT?

College/University

NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DEGREE?

Other

NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DEGREE OR CERT?

If you have plans for further education, explain: _____

SKILLS & QUALIFICATIONS (Acquired through volunteer or previous employment)

Please list any special skills & qualifications that you would like us to consider for employment: _____

REFERENCES (Exclude relatives and former employers)

NAME	ADDRESS	TEL. NO.	OCCUPATION	YEARS KNOWN
1.				
2.				

MISCELLANEOUS

Have you ever been convicted of a crime? (excluding misdemeanors and summary offenses) _____ Yes _____ No
(NOTE: The existence of a criminal record does not automatically prevent employment.)

If yes, describe in full: _____

In case of an **ACCIDENT/EMERGENCY** NOTIFY:

Name _____ Address _____ Tel. No. _____

AGREEMENT

“All job offers are contingent upon the review of references, background checks, OIG Excluded Providers, and other relevant information. Any misleading or incorrect statements, omissions or failure to disclose any health care related criminal conviction or any threatened or actual debarment, exclusion or other ineligibility of participation in federally funded health care programs may remove this application from further consideration for employment and, if employed, may cause for termination.”

Date: _____ Signature: _____

(Do not write below - for Human Resources Department use only)

Date of interview: _____ Referred for department interview to: _____

Date & time position was offered: _____

Position applied for: _____ Interviewer's comments: _____

Recommended action: Hire _____; Do not hire _____; Hold _____; Reason for hold: _____

Discussed: Hours: _____ to _____ Days: _____ Weekends: _____

Starting date: _____ Salary: _____ Hours per pay period: _____

Job classification: _____

Exempt: _____ Non-exempt: _____ FT: _____ PT: _____ Temp: _____