



Application for Employment

*Equal Opportunity/Affirmative Action Employer
 Drug Testing Required/Tobacco Free Campus*

PERSONAL DATA

Name _____ Social Security Number _____
 (Last, First, Middle)

Address _____ Phone number _____
 Street City State Zip

Cell number _____ Personal e-mail address _____

If under 18, what is your date of birth? _____

Are you a U.S. Citizen? No Yes If no, are you a permanent resident of the U.S.? _____ OR

Does your Arrival and Departure Record grant permission for you to accept employment in the U.S.? _____

POSITION INTERESTS/SKILLS

Position(s) Desired _____ Full Time Part Time

Hours/Days of work desired _____

What computer skills and/or familiarity do you have with WordPerfect, Excel, and Windows?

FORMAL EDUCATION AND TRAINING

	Name/Address	Major	Degree	Yrs attended	Graduated?
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Technical					<input type="checkbox"/> Yes <input type="checkbox"/> No

List any special training programs, seminars, etc. that you have attended: _____

Profession or trade registration _____ State _____

Original Registration Number _____ Current Year Renewal Number _____

MILITARY SERVICE

Are you a veteran? No Yes Branch of Service _____ Type of Discharge _____

What special training did you received while in the military? _____

EMPLOYMENT HISTORY

Do **NOT** substitute your resume for information on this page.

List all present and past employment, beginning with the most recent (up to 5 years back).

Name/Address/Phone/Email REQUIRED	From Month/Year	To Month/Year	Position title/ description of duties	Reason for leaving	Name of Supervisor
Phone: Email:					
Phone: Email:					
Phone: Email:					
Phone: Email:					

If you have had additional employers in the past 5 years, please continue on the next page.

Have you been employed by Lake Region Healthcare in the past? No Yes

PERSONAL REFERENCES (Not former employers or relatives)

Name/Occupation	Address (include street, city, state, zip)	Phone (include area code)

For purposes of checking references, what other names have you been known by: _____

OTHER

Please list any hobbies, interests, experiences, skills, community activities, or special talents you think may be useful in evaluating your possibilities for employment. _____

Past employment history continued

Do **NOT** substitute your resume for information on this page.

Name/Address/Phone/Email REQUIRED	From Month/Year	To Month/Year	Position title/ description of duties	Reason for leaving	Name of Supervisor
Phone: Email:					
Phone: Email:					
Phone: Email:					
Phone: Email:					

Thank you for completing the Lake Region Healthcare application for employment. In order for this application to be considered complete, a Staff Assessment Survey must be completed online. This survey is an important part of our application process; therefore applications for employment without a completed survey will not be considered. Please access the survey at www.lrhc.org.

PLEASE READ CAREFULLY AND SIGN

I certify that all the information in this application is true and correct, and I understand that any misrepresentation or concealment of any facts or information will be cause for dismissal.

I further understand that any job offer I may receive will be conditional and subject to my successful completion of a Pre-Placement Health Screening.

I authorize Lake Region Healthcare to check my statements, schools, former employers, and all references received via this application and potential interview process.

Date _____ Applicant's Signature _____

REFERENCE RELEASE FORM:

Please sign the release form below. Thank you.

I have made application for employment with Lake Region Healthcare and hereby authorize you to furnish any information you may have available concerning my past or present employment with your organization, my scholastic background and training, or as a personal reference. I hereby release you from any and all liability resulting from such release.

A photocopy of this release shall be treated in the same manner as the original.

Signature _____ Date _____

THIS APPLICATION WILL REMAIN ACTIVE FOR 2 YEARS FROM THE DATE OF APPLICATION.

Lake Region Healthcare

712 Cascade Street South * Fergus Falls, Minnesota 56537
218-736-8000

Applicant Data Record

Applicants are considered for positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please complete the information below. The data is for periodic government reporting and will be kept in a Confidential File separate from the Application For Employment Consideration. We appreciate your cooperation.

Name _____	Male _____	Female _____
County in which you reside _____	Date _____	
Position applied for _____	How did you learn of this opening? _____	

ARE YOU A VETERAN OF THE VIETNAM ERA (Y/N) _____ **DATE OF DISCHARGE** _____

"Veteran of the Vietnam Era" means a veteran, any part of whose active military, naval or air service was during the period August 5, 1964, through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or was discharged or released from active duty because of a service connected disability.

ARE YOU A SPECIAL DISABLED VETERAN (Y/N) _____ **DATE OF DISCHARGE** _____

"Special Disabled Veteran" means a veteran who is entitled to compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 or Title 38, U.S.C., to have a serious employment handicap or a person who was discharged or released from active duty because of a service connected disability.

DO YOU HAVE ANY DISABILITIES NEEDING SPECIAL ACCOMMODATIONS: No Yes

IF YES, EXPLAIN _____

Check all that apply:

- Disabled:** A person who has a physical or mental impairment that substantially limits one or more major life activity or has a record of or is regarded as having such an impairment. "Substantially limiting" means the degree that an impairment affects employability. "Disabled individual" does not include an alcohol or drug abuser whose current use of alcohol or drugs renders that individual a hazard to the individual or others.
- White:** **(Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** **(Not Hispanic or Latino)** - 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:** **(Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** **(Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian:** **(Not Hispanic or Latino)** - 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.
- Two or More Races** **(Not Hispanic of Latino)** - All persons who identify with more than one of the above six races.