



**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					Yes No
College/Technical					Yes 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 - <b>REQUIRED</b> (include zip code)	From Month/Year	To Month/Year	Position title/ description of duties	Reason for leaving	Name of Supervisor
(most recent)  Phone Number:					
  Phone Number:					
  Phone Number:					
  Phone Number:					
  Phone Number:					

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 - <b>REQUIRED</b> (include zip code)	From Month/Year	To Month/Year	Position title/ description of duties	Reason for leaving	Name of Supervisor
Phone Number:					
Phone Number:					
Phone Number:					
Phone Number:					

**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 <http://hsa.healthcaresource.com/survey/rlogin.php?token=a84a1ba8727021ab511d12b727495783> or [www.lrhc.org](http://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.

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

**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.