

Madelia Community Hospital & Clinic

Application for Employment

121 Drew Ave. S.E., Madelia, MN 56062

(507) 642-3255

Qualified applicants are considered for employment without regard to race, color creed ancestry, sex, marital status, national origin, pregnancy, sexual orientation, age, physical or mental disability, religious affiliation, veteran status or status with regard to public assistance.

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-in Private Employee Agency Other _____

Name of source (if applicable) _____

Contact Information

Name _____ Date ____/____/____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY ZIP CODE

Telephone # __ (____) _____ Mobile/Beeper/Other Phone # __ (____) _____ E-mail Address _____

If necessary, best time to call you at home is -----:____:____ AM
PM

May we contact you at work?-----[Yes No

If yes, work number an best time to call-----_(____)____:____:____ AM
PM

If no, please explain _____

Have you submitted an application here before?-----[Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before?-----[Yes No

If yes, give dates----- From ____/____/____ To ____/____/____

Work Desired

Position(s) applied for _____

Date available for work----- ____/____/____ What is your desired salary? -----\$ _____

Type of employment desired Full-time Part-time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position?-----[Yes No

Will you work overtime if required? -----[Yes No

If no, please explain _____

Have you ever pled "guilty" or "no contest" to, or been convicted of misdemeanor or felony?-----[Yes No

If yes, please provide date(s) and details _____

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Are you legally eligible for employment in this country? -----[Yes No

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER _____ TELEPHONE# _____

ADDRESS _____

STARTING JOB TITLE / FINAL JOB TITLE _____

IMMEDIATE SUPERVISOR AND TITLE _____

REASON FOR LEAVING _____

MAY WE CONTACT FOR REFERENCE? YES ___ NO ___ LATER ___

DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB DUTIES
FROM	TO	
HOURLY RATE/SALARY		
STARTING		
\$	PER	
HOURLY RATE/SALARY		
FINAL		
\$	PER	

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FINAL		
\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Employment History

I certify that all information I have provided is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented, will be cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representative, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute contract for employment for any specified period or definite duration. I understand that no representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am employed my position duties and responsibilities; working conditions; and hours of work are subject to change at the discretion of management.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 Form.

If I receive a conditional offer of employment, I understand that I may be the subject of drug screening, criminal background study and/or physical screening and evaluation, and I hereby consent to such screening and record checks.

I understand that all mandatory employment posters can be accessed via the Madelia Community Hospital & Clinic website (www.mchospital.org) or I can view them in the Madelia Community Hospital & Clinic Staff Room.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms as stated above.

Signature of Applicant _____ Date ____/____/____

TO BE COMPLETED AT THE TIME OF THE INTERVIEW

I acknowledge I have read and understand the essential job duties for the position for which I have applied.

Signature _____ Date _____

AUTHORIZATION FOR REFERENCE REQUESTS

I am applying to Madelia Community Hospital & Clinic for employment and I desire that they be fully advised on my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Date: _____

Signature of Applicant (to be signed in ink)

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