

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 MN ZIP CODE
Telephone #(____) _____ Cell 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 _____

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

Pursuant to Minnesota Statute 364.021 (B) and (C), applicants are notified they may be disqualified from employment in certain positions with a particular criminal history. Further, pursuant to MN Statute 245C, employment offers are conditional upon the applicant being subject to a criminal history check.

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. Minor field of study (if applicable).

A. School	B. Number of years completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

Special Training

Special training, licenses and/or certificates: _____

Rate your level of skill:

	None	Beginner	Intermediate	Advanced
Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

List any additional information you would like us to consider. _____

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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