



Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

Date _____

1027 Washington Avenue, Detroit Lakes, MN 56501

(218) 847-5611 Job Line: (218) 847-0845

E-mail: hr@trustedcareforlife.org Website: www.trustedcareforlife.org

Voluntary Affirmative Action Information

St. Mary's Innovis Health considers applicants for all positions without regard to race, color, creed, religion, national origin, gender marital status, activities in a local discrimination commission, status with regard to public assistance, membership in a local discrimination commission, disability, veteran status, sexual orientation or age and any other category protected by State and Federal law.

Personal

Last Name _____ First Name _____ Middle Initial _____

Address _____ Social Security Number _____

City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Number _____ E-mail Address _____

Work Preferences

Position Applying for _____ Salary Expected _____

Type of Employment desired? Full-time Part-time Casual Temporary

What shift(s) are you applying for? Days Evenings Nights

Are you willing to work rotating shifts? Yes No Rotating weekends? Yes No

What date are you available for employment? _____

Have you ever applied for a position at St. Mary's Innovis Health? Yes No When? _____

Have you ever been interviewed by St. Mary's Innovis Health before? Yes No When? _____

How were you referred to St. Mary's Innovis Health? _____

Do you have any other commitments or agreements that might affect your employment with St. Mary's Innovis Health? Yes No

If yes, explain. _____

Do you have the legal right to work in the United States? Yes No (Proof of eligibility will be required before you can be employed)

Have you ever been convicted of violating any law (except minor traffic violations)? Yes No (If yes, attach a summary of details. Disclosure of a criminal record does not automatically disqualify you from employment consideration. Your case will be judged on its own merits.)

Professional Licenses and/or Certifications

Are you currently: Registered Licensed Certified

Eligible for: Registration Licensure Certification

If yes, please list:

Type _____ State Issued _____ Date _____ No# _____

Type _____ State Issued _____ Date _____ No# _____

If not licensed in this state, have you applied? _____

Nursing Assistants - Are you on The Minnesota Registry? Yes No Registry Number: _____

Education/Skills

School	Name/City	Course of Study	# of Years	Did you Graduate	Diploma/Degree
High:					
College:					
Other:					

List any scholarships, academic honors, awards or special achievements: _____

Other job related educational institutions, courses, etc.: _____

List job-related equipment operated: _____

List all types of computer software/hardware that you are proficient at using: _____

Interests

Briefly state the reasons you are interested in employment with St. Mary's Innovis Health: _____

List acquaintances employed by St. Mary's Innovis Health: _____

Employment Record (List all previous work experience and periods of unemployment. Begin with your present position and work back to your first position. Attach resume, if necessary.)

<p>Employer _____</p> <p>Telephone (_____) _____</p> <p>Address _____</p> <p>Starting Job Title _____</p> <p>Final Job Title _____</p> <p>Immediate Supervisor _____</p> <p>Title _____</p> <p>Reason For Leaving _____</p> <p>May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</p>	<p>Dates Employed</p> <p>From _____</p> <p>To _____</p> <p>Starting Salary _____</p> <p>Final Salary _____</p> <p><input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time</p>	<p>Summarize the type of work performed and job responsibilities</p>
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Explain Any Gaps in Employment

Former Employees (If previously employed by St. Mary's Innovis Health, please complete the following information. Failure to complete this form will result in your application not being considered further, or may result in immediate termination when you are hired. In addition, any falsification, misrepresentation, or omission of information on this form will constitute grounds for immediate discharge, regardless of the time that such falsification, misrepresentation, or omission is discovered.)

Date of previous employment: _____

Previous supervisor(s): _____

Reason(s) you left St. Mary's Innovis Health (please state for each period of previous employment): _____

Professional References

Name _____ Title _____ Telephone # _____ # of Years Known _____

Name _____ Title _____ Telephone # _____ # of Years Known _____

Terms of Employment

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize St. Mary's Innovis Health to verify such information and to contact any reference given by me. Should I be employed by St. Mary's Innovis Health, I agree that:

- My employment shall be in accordance with the terms of this application and St. Mary's Innovis Health rules and regulations, which may be modified at any time by St. Mary's Innovis Health. I understand that attendance and punctuality are considered essential requirements of every job at St. Mary's Innovis Health and that poor attendance or tardiness will result in disciplinary action.
- I understand that my employment may be terminated and I may resign at any time, with or without notice, with or without cause, St. Mary's Innovis Health's only obligation being to pay me wages or salary earned by me to date of termination. I further acknowledge and agree that the period of my employment is indefinite and that no documents of St. Mary's Innovis Health shall constitute a contract of employment. This policy set forth in this paragraph may be modified by written agreement signed by me and by an officer of St. Mary's Innovis Health.
- I agree that employment may be contingent upon meeting all placement considerations, including medical ones.
- St. Mary's Innovis Health shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record, work habits and work performance with other companies, including the information contained in this application, or copies of any information which is maintained in my personnel file. I specifically release St. Mary's Innovis Health, it's officers, directors, agents and employees from any and all liability regarding the release of any information described in this paragraph.
- Pursuant to Minnesota Statutes, Section 245A.04, St. Mary's Innovis Health is required to obtain background study on all employees who may provide direct contact services with patients, residents and clients. I understand that any offer of employment is contingent upon successful qualification by the Department of Human Services background study.
- I agree not to disclose any of St. Mary's Innovis Health's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with St. Mary's Innovis Health is terminated.
- I consent to have St. Mary's Innovis Health contact the people listed on this form for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work. I also agree to waive liability against persons named as references, provided the information they supply is honest, factual and given without malice.

Falsification, misrepresentation or omission of information on this, or on any other employment form, shall be grounds for immediate termination, regardless of when such falsification, misrepresentation or omission is discovered.

Signature of Applicant

Date

Starting Date _____

Department _____ Cost Center _____

Position _____ Shift _____

Number of Hours Scheduled Per Pay Period _____ Exempt Non-exempt

Starting Salary _____ Interviewer's Signature _____



VOLUNTARY AFFIRMATIVE ACTION INFORMATION

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Date: _____

Position(s) applied for _____

Referral Source:

- Advertisement Employment Relative Website
 Walk-in School Government Agency
 Other _____

Name of source (if applicable) _____

Applicant's Name _____

Address _____

As required, St. Mary's Innovis Health complies with government regulations including Affirmative Action obligations when they apply.

In an effort to comply with government record keeping, reporting and other legal obligations, we ask that you complete the application data survey. Your cooperation is appreciated.

Please be advised that your survey is not a party of your official application for employment. It is considered confidential information that will not be used in the hiring process.

Check one: Male Female

Check one of the following race/ethnic groups:

- Asian
 American Indian/Alaskan Native
 Black/African American
 White
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 Two or more of the above groups