

Date: \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Employment Application

Applicant Information

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

How were you referred to this facility?: \_\_\_\_\_

Have you ever been employed here before?: Yes: \_\_\_\_\_ No: \_\_\_\_\_ When: \_\_\_\_\_

Are you at least 16 years of age?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Relatives or friends employed in this facility?: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Department: \_\_\_\_\_

Date available for work?: \_\_\_\_\_ Long range occupational goals: \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Casual  On Call

Shift preference?:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Are you prevented from lawful employment because of your Visa or Immigration Status?:  Yes  No  
Please indicate Visa type or other Immigration Status, if applicable: \_\_\_\_\_

Have you been debarred, excluded or held to be otherwise ineligible for participation in federal health care programs (i.e., Medicare and/or state programs)?  Yes  No



Education/Skills

High School: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Graduate?: \_\_\_\_\_

College: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Graduate?: \_\_\_\_\_

College: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Graduate?: \_\_\_\_\_

Post-Secondary School: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Graduate?: \_\_\_\_\_

Professional Licenses and/or Certifications: \_\_\_\_\_

What languages do you speak?: \_\_\_\_\_

Did you serve in the U.S. Armed Services?:  Yes  No Which Branch?: \_\_\_\_\_

Have you volunteered your time or services?:  Yes  No Where?: \_\_\_\_\_

Summarize special job-related skills and qualifications acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References

Please list at least 3 references who are not relatives or employers:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



Employment History

List your last three employers with most recent employer first:

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Wage: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Wage: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Wage: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted: \_\_\_\_\_

Can we run a detailed employment check, including but not limited to a check with your previous employer?

- Yes  No

Signature: \_\_\_\_\_

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

To Be Completed by Employer

To Be Completed after Employed      Hired? Yes \_\_\_\_\_ No \_\_\_\_\_      See Comments Below  
References Checked and by Whom:

Reference #1:

Reference #2

Reference #3

Personal Notes:

Interviewer's Signature \_\_\_\_\_

If applicant is 18 years old or less, is proof of age on file? Yes \_\_\_\_\_ No \_\_\_\_\_ Starting Date \_\_\_\_\_  
\_\_\_\_\_ Full Time      \_\_\_\_\_ Part Time      \_\_\_\_\_ Casual      \_\_\_\_\_ On Call

Starting Salary: \_\_\_\_\_ Shift: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant Flow Information**

To all Applicants:

The following requested information in no way affects you as an individual applicant. This information will be used to find how effective our recruitment efforts are in reaching all segments of the population. The information will not be maintained in personnel files and it will not be made available to any person involved in decisions affecting an individual's hiring or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees.

Position(s) applying for:

Department \_\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

Instructions: Answer each of the following questions:

1. What sex are you?

\_\_\_\_\_ Male                      \_\_\_\_\_ Female

\_\_\_\_\_ 0-8 years

2. Of the following, of what racial/ethnic group do you consider yourself?

- \_\_\_\_\_ Native American or Alaska Native
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Asian American
- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ Native Hawaiian or other Pacific Islander
- \_\_\_\_\_ White
- \_\_\_\_\_ Other

5. What is the highest level of education you have completed?

- \_\_\_\_\_ 9-12 years; not a high school grad
- \_\_\_\_\_ High school graduate or GED
- \_\_\_\_\_ Vocational or business school grad
- \_\_\_\_\_ Some college or junior/ community college degree
- \_\_\_\_\_ Bachelor's Degree
- \_\_\_\_\_ Master's Degree

3. What is your age?

- \_\_\_\_\_ 15-20                      \_\_\_\_\_ 46-50
- \_\_\_\_\_ 21-25                      \_\_\_\_\_ 51-55
- \_\_\_\_\_ 26-30                      \_\_\_\_\_ 56-60
- \_\_\_\_\_ 31-35                      \_\_\_\_\_ 61-65
- \_\_\_\_\_ 36-40                      \_\_\_\_\_ 70 or above
- \_\_\_\_\_ 41-45

6. How did you learn about this job?

- \_\_\_\_\_ Newspaper
- \_\_\_\_\_ Radio
- \_\_\_\_\_ School
- \_\_\_\_\_ Current Employee
- \_\_\_\_\_ MN Job Bank
- \_\_\_\_\_ MVHC's Website
- \_\_\_\_\_ Other \_\_\_\_\_

4. Do you have a disability?

- \_\_\_\_\_ No                                      \_\_\_\_\_ Yes – Deaf
- \_\_\_\_\_ Yes – Amputee                      \_\_\_\_\_ Yes – Diabetes
- \_\_\_\_\_ Yes – Blind                              \_\_\_\_\_ Yes – Epilepsy
- \_\_\_\_\_ Yes – Cardiac                              \_\_\_\_\_ Yes – Paralysis



Yes – Other \_\_\_\_\_

### Invitation to Self-Identify for VETS-100 Status

Under the Vietnam Era Veterans' Readjustment Assistance Act of 1974, (VEVRAA), this employer is required to submit a report identifying veterans in its workforce.

Please indicate below if you qualify as a special disabled veteran, a Vietnam era veteran, or a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. You may identify yourself as a veteran now or at any time in the future.

Please note that your response is **voluntary**. Declining to respond will not subject you to any adverse treatment. Information you provide will be kept confidential except where it is required to be disclosed by a civil rights enforcement agency, regulation, or law.

Your name: \_\_\_\_\_ Department: \_\_\_\_\_

#### Select all that apply:

- Yes, I am a **veteran**. Date of discharge or release from active duty: \_\_\_\_\_
- Yes, I am a special disabled veteran: a veteran of the U.S. military, ground, naval or air service who:
  - is entitled to compensation under the laws administered by the Department of Veterans Affairs for a disability that is:
    - rated at 30 percent or more, or
    - rated at 10 or 20 percent if the veteran has been determined by 38 U.S.C 3106 to have a serious employment handicap
    - would be entitled to such compensation but for the receipt of military retired pay; or
    - was discharged or released from active duty because of a service-connected disability.
- Yes, I am a **veteran of the Vietnam era**: a veteran who:
  - served on active duty in the U.S. military, ground, naval or air service for more than 180 days, was not dishonorably discharged, and served any part of such active duty in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or in any other location between August 5, 1964 and May 7, 1975; or
  - was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service-connected disability, if any part of such active duty was performed: in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or in any other location between August 5, 1964 and May 7, 1975.
- Yes, I am a **other protected veteran** (a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than a special disabled veteran or a veteran of the Vietnam era).
- No, I am not a veteran.