

EMPLOYMENT APPLICATION

GLACIAL RIDGE HEALTH SYSTEM, GLENWOOD, MN

AN EQUAL OPPORTUNITY EMPLOYER

Glacial Ridge Health System is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

DATE OF APPLICATION

____/____/____

Please print and fill out all sections.

APPLICANT INFORMATION

Name _____
FIRST MIDDLE LAST

Current Address _____

City _____ State _____ Zip _____

E-mail Address _____

Home / Primary Phone (____) _____ Cell Phone (____) _____

How were you referred to Glacial Ridge Health System? _____

EMPLOYMENT POSITIONS

Position(s) Requested 1) _____

2) _____

Please **check** the type of work you are applying for.

Part-time Full-time Temporary (summer / holiday)

Are you able to meet the attendance requirements of this position? Y N

Driver's License Number (if job related) _____

Please **circle** days available.

Mon. Tue. Wed. Thu. Fri. Sat. Sun.

Please **circle** hours available.

am / pm am / pm am / pm am / pm am / pm am / pm am / pm

Can you work rotating shifts? Y N Are you available to work overtime? Y N

Can you work holidays? Y N

If hired, on what date can you start working? ____/____/____ Salary / Hourly Rate Desired \$ _____



PERSONAL INFORMATION

Have you ever applied to or worked for Glacial Ridge Health System before? Y N

Do you have any friends or relatives working for Glacial Ridge Health System? Y N

If any, state name and relationship. _____

If hired, would you have transportation to and from work? Y N

Are you 18 years of age or older? (If under 18, hire is subject to verification of minimum legal age.) Y N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the U.S.? Y N

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Y N If no, describe the functions that cannot be performed.

NOTE: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. It is possible that a hire may be tested on skill / agility and may be subject to a medical examination conducted by a medical professional.

EDUCATION, TRAINING AND EXPERIENCE

High School

Name of School _____

City _____ State _____ Did you graduate? Y N

Business School, Vocational, or Correspondence School

Name of School _____

City _____ State _____ Did you graduate? Y N

Type of Degree / Certificate _____

Field of Study _____

College / University

Name of School _____

City _____ State _____ Did you graduate? Y N

Type of Degree / Certificate _____

Field of Study _____

Military Service

Military Branch _____ Rank _____ Years of Service _____

Skills / Duties _____

Additional Information

Do you speak, write or understand any foreign languages? Y N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Y N

If yes, please explain. _____

Professional Licenses and / or certifications

Type _____ License # _____ Organization / State Issued _____ Date ___/___/___
Type _____ License # _____ Organization / State Issued _____ Date ___/___/___
Type _____ License # _____ Organization / State Issued _____ Date ___/___/___

EMPLOYMENT HISTORY

Please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Present of Last Employer

Name of Employer _____
City _____ State _____ Phone (_____) _____
Your Title _____ Last Salary / Hourly Rate _____
Your Duties _____
Reason for Leaving _____
Date Began (Month / Year) _____ Date Left (Month / Year) _____
Name of Supervisor _____ May we contact this supervisor / employer for references? Y N

Employer #1

Name of Employer _____
City _____ State _____ Phone (_____) _____
Your Title _____ Last Salary / Hourly Rate _____
Your Duties _____
Reason for Leaving _____
Date Began (Month / Year) _____ Date Left (Month / Year) _____
Name of Supervisor _____ May we contact this supervisor / employer for references? Y N

Employer #2

Name of Employer _____
City _____ State _____ Phone (_____) _____
Your Title _____ Last Salary / Hourly Rate _____
Your Duties _____
Reason for Leaving _____
Date Began (Month / Year) _____ Date Left (Month / Year) _____
Name of Supervisor _____ May we contact this supervisor / employer for references? Y N

Employer #3

Name of Employer _____

City _____ State _____ Phone (____) _____

Your Title _____ Last Salary / Hourly Rate _____

Your Duties _____

Reason for Leaving _____

Date Began (Month / Year) _____ Date Left (Month / Year) _____

Name of Supervisor _____ May we contact this supervisor / employer for references? Y N

REFERENCES

Please provide three professional references with knowledge of your work performance within the last four years.

Name _____ Title _____

City _____ State _____ Phone (____) _____

Email Address _____ Number of Years Acquainted _____

Name _____ Title _____

City _____ State _____ Phone (____) _____

Email Address _____ Number of Years Acquainted _____

Name _____ Title _____

City _____ State _____ Phone (____) _____

Email Address _____ Number of Years Acquainted _____

Please read the following, then sign below.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided.

I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

This application is current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application. Applications may also be submitted at GLACIALRIDGE.org/careers.

Applicant's Signature _____

Date ____/____/____