

## Employment Application Form

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

### St. Michael's Hospital & Nursing Home

425 North Elm Street,  
Sauk Centre, MN 56378  
Phone: 320-352-2221  
Fax: 320-352-5150

#### APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE PAGES 1-5.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Present address \_\_\_\_\_  
Street
City
State
Zip
# Years lived at this address

Former address \_\_\_\_\_  
Street
City
State
Zip
# Years lived at this address

Day Phone (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_\_ Cellular Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**AVAILABILITY (Please check all that apply):** Date available to begin employment: \_\_\_\_\_

- FULL-TIME ONLY
  PART-TIME ONLY (# of hrs/week desired \_\_\_\_\_)
  FULL- OR PART-TIME
  TEMPORARY  
 DAY
  EVENING
  NIGHT
  WEEKEND
  ROTATING

**INTERESTS:**

1. Position title: \_\_\_\_\_ Salary Desired \_\_\_\_\_
2. Position title: \_\_\_\_\_ Salary Desired \_\_\_\_\_

**EDUCATION DATA**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	Did you Graduate	MAJOR & DEGREE
High School			[ ] Yes [ ] No	
Vocational/Technical			[ ] Yes [ ] No	
College			[ ] Yes [ ] No	
Other:				

**Professional License or Certification**

Type	Organization or State Issued	Date Issued	Number

Are you at least 16 years of age? [ ] No [ ] Yes

Have you ever been convicted of a crime (excluding parking and petty misdemeanor traffic tickets)? Conviction doesn't necessarily bar you from employment. [ ] No [ ] Yes If yes, please explain in full: \_\_\_\_\_

Are you prevented from being lawfully employed in the United States? [ ] No [ ] Yes

For reference purposes, have you worked or attended school under a former name? [ ] No [ ] Yes

If yes, please list former name: \_\_\_\_\_

Have you ever applied here before? [ ] No [ ] Yes If yes, when? \_\_\_\_\_

Have you ever been employed by St. Michael's? [ ] No [ ] Yes If yes, where (dept.) and when? \_\_\_\_\_

Are any relatives currently employed here? [ ] No [ ] Yes If yes, give full name: \_\_\_\_\_

Are you able to perform the essential functions of the job you are applying for? [ ] No [ ] Yes

If no, what accommodation would assist you? \_\_\_\_\_

How did you hear about St. Michael's? [ ] Internet [ ] Newspaper [ ] Employee Referral [ ] Other \_\_\_\_\_



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APPLICATION FOR EMPLOYMENT

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
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May we contact your present employer?  Yes  No If No, Why? \_\_\_\_\_

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by St. Michael's Hospital & Nursing Home (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of St. Michael's Hospital & Nursing Home, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Administrator of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason.

If employed, I understand that all conditions of employment, including but not limited to, hours, shift, benefits, policies, and salary are subject to change by the Company at any time without prior notice to employees, subject to its obligations under the terms of any currently effective collective bargaining agreement. If employed, I will be required to provide original document which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) or 1986. the document(s) provided will be used for completing of Form I-9.

I authorize investigation of all statements contained in this application. I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal without any previous notice and/or refusal of employment. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be introductory for a period of sixty (60) days, and further that at any time during the introductory period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ Today's Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in St. Michael's