

RIVER'S EDGE

Hospital & Clinic



1900 N. Sunrise Drive
 St. Peter, MN 56082
 www.riversedgehealth.org

Application for Employment (Please print)

Position(s) Applied for: _____ Date of Application: ___ / ___ / ___

Type of employment desired: ___ Full-Time (40 hours/week) ___ Part-Time ___ Temporary ___ Hours desired

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (____) _____ Social Security Number ____ - ____ - ____

If you cannot be reached at the above address/telephone number, where may we contact you?

Are you at least 16 years of age? ___ Yes ___ No Have you ever been employed here before? ___ Yes ___ No

Date available for work ___ / ___ / ___ Number of hours per week you will consider: ___ Minimum ___ Maximum

Are there any hour of the day or days of the week that you **cannot** work? If so please list: _____

Employment History

List your last three employers, assignments or volunteer activities starting with your most recent position:

Employer's Name	From Mo./Yr.	To: Mo./Yr.	Address and Phone Number	Job Title and/or Duties	Reason for Leaving
Supervisor	Rate of Pay:				
May we contact this Employer?	Y	N			
Supervisor	Rate of Pay:				
May we contact this Employer?	Y	N			
Supervisor	Rate of Pay:				
May we contact this Employer?	Y	N			

List any other experience that you believe would be helpful: _____

Are you legally eligible for employment in this country? Yes _____ No _____
 (Proof of U.S. citizenship or immigration status will be required upon employment.)

Have you ever, since the age of 18, been convicted of a misdemeanor or a felony? Yes _____ No _____
 If yes, please explain: _____

*Conviction does not necessarily disqualify you from employment. Each conviction will be judged on its own merit with respect to time, circumstances and seriousness.

MILITARY SERVICE

In what branch of the Armed Forces did you serve? None?	From	To	Highest Rank	What kind of education or training did you received?

EDUCATION

Type	City/State	Circle last year completed	Dates	Graduated?		Degree/Major
				Yes	No	
High School/G.E.D.		9 10 11 12	 			
College		1 2 3 4 5 6				
Graduate School		1 2 3 4				

HEALTH CARE PROFESSIONAL LICENSES AND/OR CERTIFICATION

Type	State Issued	Date	Number

REFERENCES - Please do not list friends and relatives

Name	Occupation	Years Known	Telephone	Relationship

AGREEMENT - Please read thoroughly and sign below

I hereby authorize the investigation of my background including all the information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and or interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

I understand that employment is subject to satisfactory completion of River's Edge Hospital & Clinic pre-employment investigation which includes, but is not limited to satisfactory reference checks, satisfactory completion of a pre-placement assessment, which includes a drug test, after an offer of employment has been made, but prior to commencement of employment and a criminal background study.

I understand that if I am hired by River's Edge Hospital & Clinic, my employment will be for an indefinite period of time and will be "at-will", which means that either I or River's Edge Hospital & Clinic may terminate the employment relationship at any time and for any or no reason. Finally, I also understand that while River's Edge Hospital & Clinic supports current policies and benefits, it retains the right to change them at any time, with or without notice to me.

I have read and understand the statements in the paragraph above. By signing here, I am also verifying information on my resume.

Signature of Applicant _____ Date: _____

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An Equal Opportunity Employer

River's Edge Hospital & Clinic does not discriminate against employees on the grounds of race, color, religion, age, sex, disability, national origin, ancestry, affectional preference or marital status. The following information is needed to determine how effective our recruiting efforts are in the community and other areas; to validate our selection procedures and, to meet the reporting requirements of the Federal law, the answers to these questions are optional and will not be placed in your personnel file nor will they be given to any person involved in making a hiring or promotional decision.

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (____) _____ Social Security Number _____ - _____

Position Applying for: 1. _____ Date: ____/____/____
2. _____

Sex: Male Female

Ethnic group

- American Indian
- Asian
- Black
- Hispanic
- White
- Other

Highest Education

- Some High School
- High School Graduate or equivalent
- Some College
- Community College/ Technical School Grad.
- College Graduate (4 yr)
- Any Post-Graduate Work

How did you learn about the job?

- Want Ad in: _____
- Agency: _____
- Employee/Volunteer referral
- College Recruiter
- I am current employee
- I am a former employee
- Job Fair/Open House
- Job Posting
- Phone Inquiry
- Unsolicited
- Walk-In
- Other

Military Status

- Active Reserves
- Inactive Reserves
- None
- Other Veteran
- Retired
- Vietnam Veteran

Age

- Under 18
- 18-25
- 26-39
- 40 and over

Disabled Veteran? Yes No

I do not wish to give any information _____