



PO Box 27; Tyndall, SD 57066
(605) 589-3341

Start Date: _____
Employee #: _____
FT/PT/Cas: _____
Salary: _____
Date Received: _____
Office use only

APPLICATION FOR EMPLOYMENT
PLEASE TYPE OR PRINT

Position Applied for: _____ Date of Application ___/___/___

NAME: _____ Social Security No.: ___-___-___

STREET ADDRESS: _____ PHONE: (____)____-____

CITY/STATE: _____ ZIP CODE: _____

Have you filled out an application here before? ___Yes ___No Are you at least 16 years of age? ___Yes ___No

May we contact you at work? ___Yes ___No

If yes, work number and best time to call. (____) ____-____; ____:____AM/PM

Have you ever been employed here before? ___Yes ___No

If yes, give the dates. From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country? ___Yes ___No

Type of Employment desired ___Full Time; ___Part Time; ___Casual; ___Temporary. Date available for work: ___/___/___

Will you work overtime if required? ___Yes ___No

Have you ever been convicted of a felony? ___Yes ___No If Yes, please explain. _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Are you able to meet the attendance requirements of the position? ___Yes___No Will you work overtime? ___Yes ___No

PLEASE LIST ALL EDUCATION OR SPECIALIZED EXPERIENCE WHICH YOU FEEL RELATES TO THE POSITION APPLIED FOR AND WOULD BENEFIT YOU:

NAME	ADDRESS	GRADUATED	If you are not a high school graduate, do you have a GED? ___Yes ___No
High School		___Yes ___No	
College/Voc. School		Year Graduated	Course of Study or Degree
School of Nursing		Year Graduated	___2 yr. ___3 yr. ___4yr.

ST. MICHAEL'S HOSPITAL is an EQUAL OPPORTUNITY EMPLOYER dedicated to eliminating artificial barriers in employment which would tend to discriminate on the basis of sex, race, color, religion, national origin, handicap and age in all aspects of employment including hiring and promotion.

RN, LPN, AND CNA APPLICANTS LICENSURE

Are you willing to rotate shifts? ____ Yes ____ No. If no, which shift do you prefer? _____

In what specific areas do you have nursing experience? _____

Professional License No. _____ State of Licensure _____

Professional Organizations: _____

OTHER PROFESSIONAL LICENSURE

If you are licensed for your job specialty, please indicate. License # _____ Expire Date _____

Licensing Agency _____ State _____

TO ALL APPLICANTS:

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give St. Michael's Hospital the right to contact and obtain information from all references, employers, investigative agencies and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives from seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

St. Michael's Hospital does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. At the conclusion of this time, if I have not heard from St. Michael's Hospital and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand I am free to resign at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurance must be in writing and signed by an authorized officer.

I understand it is St. Michael's Hospital policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that after a job offer has been made, I agree to submit to a physical examination and criminal background checks. I understand that my employment is contingent on my passing this physical examination and criminal background checks.

I have read and fully understand the foregoing statements and I am seeking employment under those conditions.

Date: _____ Signed: _____

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary.) Explain any gaps in employment in comments section below.

EMPLOYER () -	TELEPHONE	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES.
		From	To
ADDRESS		Hourly Rate/Salary Starting	
JOB TITLE		\$	Per
IMMEDIATE SUPERVISOR & TITLE		Hourly Rate/Salary Final	
REASON FOR LEAVING		\$	Per
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
EMPLOYER () -	TELEPHONE	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES.
		From	To
ADDRESS		Hourly Rate/Salary Starting	
JOB TITLE		\$	Per
IMMEDIATE SUPERVISOR & TITLE		Hourly Rate/Salary Final	
REASON FOR LEAVING		\$	Per
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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REASON FOR LEAVING		\$	Per
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Comments, Including explanation of any gaps in employment: _____

Skills & Qualifications - Summarize any special training, skills licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

References

List the name and telephone number of three business/ work references who are *not* related to you. If not applicable, list three school or personal references who are *not* related to you.

Name	Telephone	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are presently employed, how much notice do you have to give? _____

Do you have relatives employed here? Yes No If yes, please list: _____

Have you worked under a different last name? Yes No If yes, for reference purposes, please indicate: _____

Additional Information

List professional, trade, business, or civic associations and any offices held.

Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

ORGANIZATION	OFFICES HELD
_____	_____
_____	_____
_____	_____
_____	_____

List special accomplishments, publications, awards, etc.

Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

List any additional information you would like us to consider.
