

NAME _____

DATE _____

POSITION APPLIED FOR _____

HR Use Only

Requisition #

Avera

Marshall Regional Medical Center

**300 South Bruce
Marshall, MN 56258
507-537-9314**

Fax: 507-537-2742

**E-mail: jobs@averamarshall.org
www.averamarshall.org**

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY FOR EMPLOYMENT CONSIDERATION

Please Type or Print						GENERAL INFORMATION							
LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER							
PRESENT ADDRESS		STREET		CITY		STATE		ZIP CODE		TELEPHONE NUMBER			
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)		STREET		CITY		STATE		ZIP CODE		TELEPHONE NUMBER			
ARE YOU AT LEAST 16 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO						(HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE.)						E-MAIL ADDRESS:	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO													
IF YES, PLEASE EXPLAIN:													
POSITION DESIRED:						ARE YOU SEEKING:							
SHIFT(S) DESIRED:						<input type="checkbox"/> FULL-TIME <input type="checkbox"/> CASUAL							
DAYS AVAILABLE <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT						<input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY _____ NUMBER OF MONTHS AVAILABLE							
HAVE YOU WORKED HERE BEFORE? (NAME IF DIFFERENT THAN ABOVE):						DATE AVAILABLE (CHECK ONE)							
<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> UPON _____ WEEKS NOTICE <input type="checkbox"/> OTHER _____							
IF YES, WHEN? _____						WHAT AREA? _____							
HOW DID YOU HAPPEN TO APPLY FOR A POSITION HERE?													

EDUCATION					
SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
					LIST DIPLOMA OR DEGREE
DIPLOMA PROGRAM COMMERCIAL OR TECHNICAL COURSES			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY		MAJOR			
		MAJOR	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER PERTINENT EDUCATION					

PROFESSIONAL APPLICANTS ONLY
LICENSE/CERTIFICATION TYPE, STATES REGISTERED IN AND NUMBER:

CLERICAL APPLICANTS ONLY
IF YOU ARE APPLYING FOR A CLERICAL POSITION: LIST OFFICE SKILLS [TYPING (WPM), SHORTHAND (WPM), BUSINESS MACHINES, DICTAPHONE, COMPUTER SKILLS, MEDICAL TERMINOLOGY, ETC.].

EMPLOYMENT HISTORY

Indicate below all work experience beginning with your **CURRENT** or **MOST RECENT** position.
Include military experience which may relate to the position for which you are applying.

IF WORK OR EDUCATIONAL EXPERIENCE WAS OBTAINED UNDER ANOTHER NAME, PLEASE INDICATE:

EMPLOYMENT DATES: FROM Month _____ Yr _____ TO Month _____ Yr _____	EMPLOYER (Company Name):	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR:	STREET ADDRESS:	
TITLE OF POSITION YOU HELD:	CITY:	STATE: ZIP CODE:
SUMMARIZE YOUR JOB DUTIES:		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMP
		SALARY START END
REASON FOR LEAVING:		
MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCE / VERIFICATION PURPOSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYMENT DATES: FROM Month _____ Yr _____ TO Month _____ Yr _____	EMPLOYER (Company Name):	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR:	STREET ADDRESS:	
TITLE OF POSITION YOU HELD:	CITY:	STATE: ZIP CODE:
SUMMARIZE YOUR JOB DUTIES:		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMP
		SALARY START END
REASON FOR LEAVING:		
EMPLOYMENT DATES: FROM Month _____ Yr _____ TO Month _____ Yr _____	EMPLOYER (Company Name):	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR:	STREET ADDRESS:	
TITLE OF POSITION YOU HELD:	CITY:	STATE: ZIP CODE:
SUMMARIZE YOUR JOB DUTIES:		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMP
		SALARY START END
REASON FOR LEAVING:		
EMPLOYMENT DATES: FROM Month _____ Yr _____ TO Month _____ Yr _____	EMPLOYER (Company Name):	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR:	STREET ADDRESS:	
TITLE OF POSITION YOU HELD:	CITY:	STATE: ZIP CODE:
SUMMARIZE YOUR JOB DUTIES:		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMP
		SALARY START END
REASON FOR LEAVING:		
EMPLOYMENT DATES: FROM Month _____ Yr _____ TO Month _____ Yr _____	EMPLOYER (Company Name):	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR:	STREET ADDRESS:	
TITLE OF POSITION YOU HELD:	CITY:	STATE: ZIP CODE:
SUMMARIZE YOUR JOB DUTIES:		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMP
		SALARY START END
REASON FOR LEAVING:		

REFERENCES

Please list 3 personal references not including relatives:

1. _____
NAME ADDRESS PHONE

2. _____
NAME ADDRESS PHONE

3. _____
NAME ADDRESS PHONE

READ BEFORE SIGNING

I understand and agree that any offer is contingent on completing and passing a physical examination based on the physical demands of the job for which I am applying.

I authorize investigation of all statements contained in this application and I understand that misinformation or omission of information not given on my employment application form and during the physical examination is sufficient cause for discharge, if I am employed.

I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks I might receive, is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing and signed by an authorized representative of the company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and the company retains a similar right regarding the discontinuation of my employment.

_____ Date

_____ Signature of Applicant

INTERNAL USE ONLY: To be completed by Department Director / Manager

Dept.	Position	Auth. Hours	Start Date	Salary	Director/ Manager Signature