

D. Next Previous Position

Dates of Employment: From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_  
 Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Employer's Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor's Name and Title \_\_\_\_\_  
 Number of employees you supervised \_\_\_\_\_ Average hours worked per week 1-10 11-20 21-30 31-40  
 Reason for Leaving \_\_\_\_\_  
 Complete description of duties \_\_\_\_\_

E. Next Previous Position

Dates of Employment: From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_  
 Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Employer's Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor's Name and Title \_\_\_\_\_  
 Number of employees you supervised \_\_\_\_\_ Average hours worked per week  1-10  11-20  21-30  31-40  
 Reason for Leaving \_\_\_\_\_  
 Complete description of duties \_\_\_\_\_

20. **Signature.** By signing this application, you are certifying that the information is true, correct, and complete to the best of your knowledge. You are authorizing investigation of all statements you have made. Misrepresentation, falsification, or omission of facts called for in this application is cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR HCHA INTERNAL PERSONNEL USE ONLY**

Interviewed? Yes \_\_\_ No \_\_\_ Hired? Yes \_\_\_ No \_\_\_  
 Date Interviewed \_\_\_\_\_ Date of Employment \_\_\_\_\_  
 Position interviewed for \_\_\_\_\_ Job Title \_\_\_\_\_  
 References checked? Yes \_\_\_ No \_\_\_  
 Background checks? Yes \_\_\_ No \_\_\_ Considered for future openings? Yes \_\_\_ No \_\_\_

**Hendricks Community Hospital Association**

503 E. Lincoln • P.O. Box 106 • Hendricks, MN 56136

**Application for Employment**

***An Equal Opportunity Employer***

**Instructions:** Print in black ink or type all answers. Read carefully and fill in items completely. Incomplete applications will not be accepted. Return completed application directly to HR unless otherwise directed. Application must be post-marked by closing date (when applicable).

1. Exact Title(s) of Positions Applied for \_\_\_\_\_

2. Name \_\_\_\_\_  
Last First Middle

3. Mailing Address \_\_\_\_\_  
Street/Box City State Zip

4. Social Security Number \_\_\_\_\_

5. Telephone \_\_\_\_\_  
Home Office

6. Are you under age 18? Yes No

7. Do you claim veteran's preference? Yes No If yes, attach a copy of DD214 (separation papers). If claiming service-connected disability, attach verification from the Veteran's Administration showing percent of disability.

8. Do you have the legal right to live and work in the United States? Yes No If you are a resident alien, attach a copy of your declaration of intent (Form N-315).

9. Have you ever been convicted of a felony involving a money-type crime? (Examples including, but not limited to, embezzlement, theft, etc. Conviction will not necessarily disqualify applicant from employment.) Yes No If yes, please explain.

10. Will you accept:  Full-Time Employment  Part-Time Employment

11. When could you begin employment?  Now  Beginning on \_\_\_\_\_  After \_\_\_\_\_ working days notice to present employer

12. How did you find out about this job opportunity?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Were you referred by an HCHA employee?  
Yes \_\_\_\_\_

14. May we contact your current or most recent employer regarding your qualifications? Yes No  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Equal Employment Opportunity and Affirmative Action Statistics.** HCHA is an Equal Opportunity Employer. The attached information is required by State and Federal Regulations for statistical and affirmative action purposes and in no way influences employment prospects. This information is maintained confidentially and is not available to any employing agency. Your responses are voluntary.

Print Name (Full) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Title of Position(s) Applied For \_\_\_\_\_

**Sex:**  
 (1) Male  
 (2) Female

**Age Group:**  
 (1) Under 18  
 (2) 18-22  
 (3) 23-29  
 (4) 30-39  
 (5) 40-49  
 (6) 50-59  
 (7) 60-69  
 (8) 70 or older

**Racial / Ethnic Group**  
 (1) White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

(2) Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

(3) Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

(4) American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation of community recognition.

(5) Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands and Samoa.

## Applicant Survey Voluntary

How did you learn about this position?

1. State Job Service Center  
 2. Friend  
 3. Radio  
 4. Newspaper  
 5. Other \_\_\_\_\_

Were you treated courteously when requesting job information?

- Yes  
 No

Was the job information readily available upon request?

- Yes  
 No

Was the job information easily understood?

- Yes  
 No

If you answered "No" to any of the above, please explain.

The information provided on the following pages will be used to determine your qualifications for this position. Be as thorough as possible in describing your education and work experience. Vague or incomplete answers will **not** be interpreted in your favor. If you need more space, attach additional sheets.

### Education and Training

15. Circle the last year of education completed. For high school diploma or GED circle "12".

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

16. List formal education beginning with most recent. Include college, high school, vocational or business school, apprenticeship, military training, etc.

\_\_\_\_\_  
 Name and address of school \_\_\_\_\_  
 Type of degree \_\_\_\_\_  
 Major(s) or course \_\_\_\_\_  
 Minor(s) \_\_\_\_\_  
 Did you graduate? \_\_\_\_\_ Currently enrolled? \_\_\_\_\_

\_\_\_\_\_  
 Name and address of school \_\_\_\_\_  
 Type of degree \_\_\_\_\_  
 Major(s) or course \_\_\_\_\_  
 Minor(s) \_\_\_\_\_  
 Did you graduate? \_\_\_\_\_ Currently enrolled? \_\_\_\_\_

\_\_\_\_\_  
 Name and address of school \_\_\_\_\_  
 Type of degree \_\_\_\_\_  
 Major(s) or course \_\_\_\_\_  
 Minor(s) \_\_\_\_\_  
 Did you graduate? \_\_\_\_\_ Currently enrolled? \_\_\_\_\_

\_\_\_\_\_  
 Name and address of school \_\_\_\_\_  
 Type of degree \_\_\_\_\_  
 Major(s) or course \_\_\_\_\_  
 Minor(s) \_\_\_\_\_  
 Did you graduate? \_\_\_\_\_ Currently enrolled? \_\_\_\_\_

17. Use this space to identify any other educational experiences you have had which are pertinent to this position. Include internships, workshops, seminars, military or vocational training, etc. which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. List any relevant certificates, licenses or registrations you possess or are eligible for. Include expiration dates.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Work History

19. Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include paid and verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position. If you need more space, attach additional sheets using the same format.

A. Current or Most Recent Position

Dates of Employment: From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Employer's Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Number of employees you supervised \_\_\_\_\_ Average hours worked per week  1-10  11-20  21-30  31-40

Reason for Leaving \_\_\_\_\_

Complete description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Next Previous Position

Dates of Employment: From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Next Previous Position

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Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

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Supervisor's Name and Title \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

Complete description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_