

Have you ever been convicted of a crime? Yes No If so, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which may assist us in placing you. _____

REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS		
NAME AND RELATIONSHIP	ADDRESS	TELEPHONE

AVAILABILITY INFORMATION

PRIMARY POSITION DESIRED _____

Will you accept another position? Yes No

If so, what? _____

Are you available to work:

Weekends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Holidays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rotating Shifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	On Call	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Days	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PMs	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

- The information requested on this application is intended to be used by the hospital to identify you and in determining your suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the hospital being unable or unwilling to offer employment to you.
- Minnesota Statute §13.01 through §13.99 on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, Racial/Ethnic Data.
- Your name will become public data when you are selected to be interviewed for a vacancy. All other information you supply on this application, with the exception of that which is private data as indicated above, will become public if you are hired by Kanabec Hospital.
- Ethnic group and gender information may be asked and is used for Affirmative Action reporting purposes only. Providing such information, including social security number, is voluntary.
- This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.
- I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or corporations supplying such information. I understand that an offer of employment may be contingent on successfully completing a background check, pre-employment drug screening, physical capacities screen, medical history form, social security card and proper identification, as indicated on I-9 Form.
- I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.
- If employed, I will be required to complete an Employment Verification Form (1-9), and within three days show satisfactory evidence of identity and eligibility for employment.
- If hired, I will be required to use automatic deposit for my paychecks.

Applicant's Signature _____ Date: _____