Employment Application

Personal Information

Name:_____ Date:_____

Present Address:_____ Phone:_____

Permanent Address (If different than present address):_____

If you cannot be reached at the above phone, where can we reach you?_____

Employment Desired

Type of Work Desired	Wage	Shift

Where did you learn about this position?_____

Will accept Employment of: Full Time ☐ Part Time ☐ Temporary ☐ Date Available:_____

What hours are you available for work?_____ or_____

Are you a United States Citizen? Yes ☐ No ☐ If not, do you have a Work Permit? Yes ☐ No ☐

Do you have a valid Driver's License? Yes ☐ No ☐ Were you previously employed by us? Yes ☐ No ☐

If yes, when?_____ Reason for separation of employment:_____

_____

List any Friends or Relatives working for us.

Name	Relationship

Person to contact in case of an accident or emergency:_____

Name Relationship Phone

Person to contact in case of an accident or emergency:_____

Name Relationship Phone

Education/Training				
School	Name / Address of School	Courses Taken	Graduate? Date	Diploma, Degree, or Certificate
High School				
College				
Other Training (Please Specify)				

Other Classes/Training:

Extracurricular Activities While in School:

Area of Specialization or Major Interest:

Professional Organization Memberships, Honors Received, Volunteer or Community Service, or Other Qualifications You Have Which You Feel Are Related to the Position Which You Are Applying For:

Professional Licenses and/or Certifications		
RN/LPN's	State	Number

Nursing Assistant:

Are you currently on the Minnesota Registry? Yes ☐ No ☐ Pending ☐

Other states where registered: _____

Additional Professional Licenses and/or Certifications				
Type	Organization or State Issued	Date Issued	Number	Verification
Type	Organization or State Issued	Date Issued	Number	Verification
Type	Organization or State Issued	Date Issued	Number	Verification

Military Record			
Military Branch	Date Entered	Separation Date(s)	Military Occupational Specialty
Are you currently active in the Military? Yes ☐ No ☐		Rank at Discharge:	
Specialized Training:			
List any Service Awards or Commendations:			

Employment History

List current (or most recent) Employer first and all others in reverse chronological order.

Company Name	Dates Employed From: To:		
Address (Street, City, State, Zip Code)	Phone	Start Wage $	End Wage $
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
May we contact for a reference? Yes ☐ No ☐			

Company Name	Dates Employed From: To:		
Address (Street, City, State, Zip Code)	Phone	Start Wage $	End Wage $
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
May we contact for a reference? Yes ☐ No ☐			

Company Name	Dates Employed From: To:		
Address (Street, City, State, Zip Code)	Phone	Start Wage $	End Wage $
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
May we contact for a reference? Yes ☐ No ☐			

Company Name	Dates Employed From: To:		
Address (Street, City, State, Zip Code)	Phone	Start Wage $	End Wage $
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
May we contact for a reference? Yes ☐ No ☐			

References	List Three References Who Are Not Relatives Or Former Employers.	
Name and Occupation	Address	Telephone

In a few sentences or a short paragraph, please tell us why you would like to work for this organization.

Employment Understanding (Please Read and Sign.)

This organization does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, veteran status, or on the basis of age or physical or mental 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 organization 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 consent to take a physical examination and such future physical examinations as may be required by this organization at such times and places as the organization shall designate. I understand that an offer of employment may be contingent on the ability to perform the physical strengths which relates to the essential duties I would be required to perform.

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 hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

I understand that this organization operates seven days a week, 24-hours-per-day and the primary concern in scheduling staff is consistent, quality care for residents. Meeting this commitment may mean I will be asked to work at times and in areas not usual to my schedule. I agree to such scheduling.

_____ _____

Applicant's Signature Date

If you have more information, a cover letter, or a resume, please attach to your E-mail along with the application.

Minnesota Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(Please Print or Type)

Date: _____

Position(s) Applied For: _____

Referral Source:

- ☐ Our Website
- ☐ Advertisement
- ☐ Friend
- ☐ Relative
- ☐ Walk-In
- ☐ Employment Agency
- ☐ Other

Name:_____Phone:_____

Address:_____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: Male ☐ Female ☐

Check one of the following:
Race/Ethnic Group:

White ☐ Black ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐

Check if you wish to identify yourself as the following:

Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual ☐

Employment and Reference Check

Applicant - DO NOT write on this page.

(For Interviewer's Use)

Person Contacted	Date (MM/DD/YEAR)	Staff Initials	Reference Cleared
1.			Yes ☐ No ☐
2.			Yes ☐ No ☐
3.			Yes ☐ No ☐
4.			Yes ☐ No ☐
5.			Yes ☐ No ☐

List Position Offered (Example: .8, CNA, Afternoon)		
Status	Position	Shift

Wage Scale Reviewed	Experience Verified Date (MM/DD/YEAR)	Starting Wage Rate
Yes ☐ No ☐		

Staff Printed Name
Staff Signature
Date (MM/DD/YEAR)

FITZGERALD NURSING HOME & REHAB

Please print legibly and complete this form in its entirety. This information will be electronically submitted to the MN Department of Human Services Licensing Division.

Last Name: _____ First Name: _____ Middle: ____

Other first names you have used: _____

Other last names you have used: _____

Birth Date: ____-____-____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: ( )____-_____

MN Driver's License/ MN State ID: _____

Gender: Male: _____ Female: _____ Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____

Place of Birth: _____

Race:
- Asian: _____
- Pac Islander _____
- African American _____
- Native American _____
- Caucasian _____

By signing below I acknowledge that I have been provided the MN Background study privacy notice and attest that all of the above information is true and accurate.

Signature: _____ Date: _____