



WINDOM AREA HEALTH

2150 Hospital Drive - PO Box 339
Windom, Minnesota 56101
Phone 507-831-2400 / Mt. Lake Area 427-2700

Application For Employment

Windom Area Health is an Equal Employment Opportunity employer and all hiring decisions will occur without regard to race, color, creed, religion, national origin, sex, marital status, disability, sexual orientation, gender identity, age, veterans' status, or status in regard to public assistance.

(PLEASE PRINT)

Date of Application _____

PERSONAL INFORMATION

Name _____ Soc. Sec. Number _____
LAST FIRST M.I. - -

Address _____ E-MAIL _____
STREET NUMBER CITY STATE ZIP CODE

Home Phone (_____) _____ Cell Phone (_____) _____

EMPLOYMENT DESIRED

Position Applying For: _____

Referral Source: _____
____ Newspaper ____ Friend ____ Relative ____ Internet _____
____ Walk-in ____ Other _____

Have you filed an application here before? ____ YES ____ NO If Yes, Give date _____

Have you ever been employed here before? ____ YES ____ NO If Yes, Give date _____

On what date could you be available for work? _____

Are you available to work ____ FULL TIME ____ PART TIME ____ TEMPORARY

Are you on a lay-off and subject to recall presently? ____ YES ____ NO

Can you travel if a job requires it? ____ YES ____ NO

BACKGROUND INFORMATION

Have you ever been excluded or precluded from participation in Medicare, Medicaid, or any other Federal or State Healthcare Program or otherwise been debarred or prohibited from contracting with the Federal or State Government? ____ YES ____ NO

Are you either a US Citizen or legally eligible to hold employment in the United States ____ YES ____ NO

Did you obtain any special experience or skills in the military service that you believe will benefit you in the position for which you are applying? ____ YES ____ NO

If Yes, please explain _____

Please complete the Veterans Preference sheet if you wish to claim preference points.

Pursuant to Minnesota Stat. §364.021 (B) and (C). Applicants are notified they may be disqualified from employment in certain positions with a particular criminal history. Further, Pursuant to Minnesota Statute §245C, employment offers are conditional upon the applicant being subject to a criminal history background check.

Make any further comments you feel may be helpful to us: _____

Employment Experience

Start with your present or last job. Include assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Phone ()	Dates Employed		Work Performed
		From	To	
Address (Street, City, State)				
Job Title				
Supervisor				
Reason for Leaving				
Employer	Phone ()	Dates Employed		Work Performed
		From	To	
Address (Street, City, State)				
Job Title				
Supervisor				
Reason for Leaving				
Employer	Phone ()	Dates Employed		Work Performed
		From	To	
Address (Street, City, State)				
Job Title				
Supervisor				
Reason for Leaving				
Employer	Phone ()	Dates Employed		Work Performed
		From	To	
Address (Street, City, State)				
Job Title				
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

What are your expectations related to salary range, benefits or other compensation?

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

References

List the name, e-mail, phone number, and occupation and relationship of three references. References should not be duplicates of current/former employers and should not be related to you.

Name	E-mail Address	Phone Number	Occupation and Relationship

Education

	High School/GED	College/University	Graduate/Professional
School Name			
Years Completed: (Circle)	9101112	1234	1234
Diploma/Degree			
Describe Course Of Study:			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activites			

Honors, Licenses, & Certifications Received: _____

State any additional information you feel may be helpful to us in considering your application.

Applicant Data Record

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Solely to help us comply with government record keeping, reporting and other legal requirements, 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.

(PLEASE PRINT)

Date _____

Position Applying For: _____

Referral Source: _____ Newspaper _____ Friend _____ Internet _____
_____ Relative _____ Walk-in _____ Other _____

Name _____ Phone _____
LAST FIRST M.I.

Address _____
STREET CITY STATE ZIP CODE

Equal Employment Opportunity Information

Government agencies require periodic reports on sex, ethnicity, handicap, and/or veteran's status of applicants. This data is for analysis and equal employment opportunity purposes only. Submission of information is voluntary.

Please check the appropriate boxes:

Gender: ☐ Male ☐ Female

With which racial/ethnic group do you identify?

☐ Caucasian/White ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native
☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ Two or More Races

Disability status: An individual with a disability is a person who (1) has a physical, sensory, or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Do you claim disability status? ☐ Yes ☐ No

If you need a reasonable accommodation, please specify type of accommodation needed _____

Applicant's Statement

I declare that all information in this application and resume is true and complete and hereby acknowledge that I have read the information below. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed at Windom Area Health, I will be subject to discipline up to and including termination of said employment.

Windom Area Health has the right to verify information provided in this application and any attached resume. False information may subject an applicant to the penalty provisions of M.S. 43A.39. In connection with this application for employment, I authorize Windom Area Health and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application and resume; including, but not limited to, my credit records or records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release Windom Area Health and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Windom Area Health is an at-will employer. As such, I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Windom Area Health's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

I understand that neither this document nor any offer of employment from the employer constitutes a guarantee of employment or an employment contract, unless a specific document to that effect is executed by the employer and employee in writing. I understand that no company representative, other than the Administrator, and then only when in writing and signed by the Administrator, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

This application for employment shall be considered active for a period not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I have read and understand the Notice to Applicants, provided with this application form.

Applicant Signature

Date

NOTICE TO APPLICANTS

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION:

Minnesota Statutes 13.04 subd. 2 (1988) on data privacy require that you be informed that the following information which you will be asked to provide in the employment process is considered private data:

NAME	HOME ADDRESS
HOME PHONE NUMBER	SOCIAL SECURITY NUMBER
DATE OF BIRTH	SEX
AGE GROUP	DISABILITY TYPE
RACIAL/ETHNIC GROUP	
AND ANY OTHER INFORMATION WHICH ANY INDIVIDUAL IS OR CAN BE IDENTIFIED AS THE SUBJECT OF THE DATA.	

Names of applicants shall be private data except when certified as eligible for appointment to a vacancy or when applicants are considered by the appointing authority to be finalists for a position in public employment.

We ask this information for the following reasons:

- to distinguish you from all other applicants and identify you in our personnel files;
- to enable us to verify that you are the individual who takes the examinations;
- to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews;
- to determine if you meet the minimum age requirements (if any);
- to enable us to ensure your rights to equal opportunities;
- to meet federal reporting requirements;

FURNISHING SOCIAL SECURITY NUMBER, DATE OF BIRTH (UNLESS A MINIMUM AGE IS REQUIRED), SEX, AGE GROUP, RACIAL/ETHNIC & DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City or City related programs who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Should you be hired, your name and position will become public information and may be provided to anyone. If you are hired by the Windom Area Health, you will be legally required to supply your Social Security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration and will enable us to compute your salary deductions. Insurance data which you will be required to furnish in order to participate in health insurance plans will be classified as private as will payroll deduction data.

EQUAL EMPLOYMENT OPPORTUNITY