



# EMPLOYMENT APPLICATION

"An Equal Employment Opportunity / Affirmative Action Employer"

## PERSONAL INFORMATION

Name		
Present Address	Home Phone	
City, State, Zip	Cell Phone	
Previous Address	Date Available for Employment	
Position Applied For	Salary Desired	
Would you accept another position: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Office location: <input type="checkbox"/> Robbinsdale <input type="checkbox"/> Corporate <input type="checkbox"/> Osseo <input type="checkbox"/> Maple Grove <input type="checkbox"/> Plymouth	Are you willing to work: <input type="checkbox"/> Overtime (>40 hrs/wk) <input type="checkbox"/> Saturday mornings
How were you referred to this organization?		
Do you have any relatives working for this organization? If so, please list name, relationship and department relative works in:		
Have you ever been employed by this organization? If so, list your previous position:		

Can you provide documentation to verify your identity and legal authority to work in the United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In emergency, notify:</p> <p>Name: _____ Phone Number (include area code): _____</p> <p>Address: _____</p> <p>_____</p>

# EDUCATION

	School Name and Address	Course of Study	Year Completed	Did You Graduate?	Diploma/Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tech/Bus Prof			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LICENSES / CERTIFICATIONS		
Type	State Expiration Date	Registration Number

## EMPLOYMENT – 1

Please start with current or most recent employer

Employed by: Address: Telephone Number:	Employment dates: From: To:
Job Title:	Salary: Hourly: or Annual:
Job Duties:	Supervisor:
Reason for Leaving:	

## **EMPLOYMENT – 2**

Employed by: Address: Telephone Number:	Employment dates: From: To:
Job Title:	Salary: Hourly: or Annual:
Job Duties:	Supervisor:
Reason for Leaving:	

## **EMPLOYMENT – 3**

Employed by: Address: Telephone Number:	Employment dates: From: To:
Job Title:	Salary: Hourly: or Annual:
Job Duties:	Supervisor:
Reason for Leaving:	

May we run an employment check from the employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Has notice been given to present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there any additional information relative to change in name to check your work history? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

# REFERENCES

Please list business associates.

Name:	Relationship:
Title / Occupation:	
Address / Telephone Number:	

Name:	Relationship:
Title / Occupation:	
Address / Telephone Number:	

Name:	Relationship:
Title / Occupation:	
Address / Telephone Number:	

Make any comments you feel are pertinent to your application:

I authorize North Clinic to investigate the information contained in this application or otherwise provided by me and release North Clinic (and its employees and agents) from any and all liability for seeking information and opinions on me. I authorize all employers, educational institutions, entities, and persons listed in this application or identified by me to provide information about me and hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.

I certify that the information I provided North Clinic in this application and during the hiring process is true and complete. I understand and acknowledge that any false, misleading, or incomplete information in the application or during the hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

I understand that an offer of employment is contingent on compliance with federal I-9 requirements and may be contingent on a criminal background check. Applicants who are granted an interview may be asked about their job-related criminal history during the interview process.

I understand that nothing contained in this employment application or in the granting of an interview, and no North Clinic policies, procedures, or handbooks that I might receive if I am hired, are intended to create an employment contract between North Clinic and me 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 North Clinic unless made in writing and signed by an authorized officer of North Clinic. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that North Clinic retains the same right.

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