



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name		SSN	
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: Yes No			
Are you applying for: Full Time Regular Part Time Temporary		Office location: Robbinsdale Osseo Maple Grove Plymouth	
Are you willing to work: Overtime (>40 hrs/wk) 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?	
Yes	No
Since reaching the age of 18, have you ever been convicted of a misdemeanor or felony or convicted in a military court martial? "Convicted" includes a finding of guilt by a judge or jury, and a plea of guilty or "no contest". (Note convictions will not necessarily bar you from employment, but are reviewed if related to the relevancy of the job applied for.)	
Yes No	
If yes, please explain:	
Do you also agree to promptly notify this organization if you are later convicted of a misdemeanor or felony?	
Yes No	
In emergency, notify:	
Name: _____ Phone Number (include area code): _____	
Address: _____	

EDUCATION

	School Name and Address	Course of Study	Year Completed	Did You Graduate?	Diploma/Degree
High School			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Tech/Bus Prof			1 2 3 4	Yes 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? Yes No If no, please explain:
Has notice been given to present employer? Yes No Is there any additional information relative to change in name to check your work history? Yes 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 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: _____