

APPLICATION FOR EMPLOYMENT

Johnson Memorial Health Services (JMHS) is an equal employment opportunity employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, age, or other characteristics protected by law. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. If you need an accommodation to participate in the application process, please contact Human Resources at (320) 312-2113.

PLEASE PRINT!

Date _____

POSITION APPLIED FOR: _____

Date Available to Start Work: _____

PERSONAL DATA

Name: _____

Address: _____
Street Address City State ZipDaytime Phone: _____ Evening Phone: _____
() ()Cell Phone: _____ E-mail: _____
()**GENERAL INFORMATION**

1. Have you ever applied for a job with this company in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name. ___ Yes ___ No
2. Have you ever been employed by this company in the past? If yes, please give dates of employment, positions held, and state your name while employed if different from present name. ___ Yes ___ No
3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? (See attached job description) If no, please explain: ___ Yes ___ No
4. Do you have any commitments to another employer that might affect your availability for employment with our company? (i.e. on layoff) If yes, please explain: ___ Yes ___ No
5. If hired, can you furnish proof that you are at least 18 years of age and that you are eligible to work in the United States? If no, please explain: ___ Yes ___ No

6. Do you now, or will you in the future, require Johnson Memorial Health Services to sponsor an employment visa for your continued employment? ___Yes ___No
7. Are you able to perform the tasks listed on the enclosed/attached job description with or without an accommodation? ___Yes ___No

EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME AND LOCATION OF SCHOOL (CITY & STATE)	DID YOU GRADUATE?	WHAT DEGREE/ DIPLOMA/ CERTIFICATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS				

Please provide below any additional information you believe would be of value in considering you for employment. Include and JOB RELATED professional or trade certifications, licenses, equipment qualified to operate, computer systems or hardware/software, and any other JOB RELATED special skills and abilities, classes, workshops or seminars attended:

EMPLOYMENT HISTORY - PRESENT & FORMER EMPLOYERS
ATTACH ADDITIONAL SHEET IF NECESSARY • PLEASE COMPLETE EVEN IF A RESUME IS INCLUDED

Present or Last Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor's Name and Job Title:
City, State, Zip:	Supervisor's Phone Number:
Your Job Title: Job Duties:	Reason for Leaving:
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Please account for any time you were not employed after leaving school in the past ten years (You need not list any unemployment periods of one month or less).

Time Period(s)

Reason(s) for Unemployment

If you were unable to list all past jobs or periods of unemployment on this form, please use an additional sheet.

Please list three References other than past supervisors and family members:

1) _____ Relationship: _____ Phone # _____

2) _____ Relationship: _____ Phone # _____

3) _____ Relationship: _____ Phone # _____

OTHER JOB-RELATED EXPERIENCE: Some people gain job-related experience in positions other than as an employee. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects, or in school organizations, or in PTA activities. Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied, and have not been listed previously in this application. ***(Please omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.)***

IMPORTANT - PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

Initials

_____ I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment by Johnson Memorial Health Services if discovered at a later date. I agree to immediately notify Johnson Memorial Health Services if I should be convicted of a felony, or be charged with any crime while my job application is pending, or during my period of employment, if hired.

_____ I authorize any person, school, current employer (except as previously noted), past employer(s), government or investigative agencies, and other organizations that may be named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to Johnson Memorial Health Services in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

_____ If offered a job that requires it, I give permission for a background check, drug test and a job-related physical evaluation, and I consent to the release to the Company of any medical information they deem necessary in assessing my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

_____ I understand that, if hired, I may not hold other employment, nor engage in consulting, sales, investments or other activities that may create a conflict of interest with Johnson Memorial Health Services.

_____ I understand that if employed and my employment is terminated by Johnson Memorial Health Services for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

_____ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time. I understand that only the President of Johnson Memorial Health Services is authorized to change any of the terms of employment and that any changes must be specific and in writing.

Signed: _____ Date _____

JOHNSON MEMORIAL HEALTH SERVICES

APPLICANT DATA RECORD

Applicants and employees during their employment are treated without regard to their race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, age, or any other legally protected status.

Johnson Memorial Health Services is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants and employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____

Date: _____ **Position(s) Applied For:** _____

How Were You Referred to Our Company?

- ☐ Job Service
- ☐ Newspaper Advertisement
- ☐ Private Employment Agency
- ☐ A Relative or Friend Employed by This Company
- ☐ Other: Explain: _____

Personal Traits:

Check One:	Check any that apply:
<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Female	<input type="checkbox"/> Disabled Person
	<input type="checkbox"/> Disabled Veteran

Check One:
<input type="checkbox"/> White
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian (Not Hispanic or Latino)
<input type="checkbox"/> Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Two or more races (Not Hispanic or Latino)