



# Application for Employment

RETURN TO: 24 8<sup>th</sup> Street NW, Rochester, MN 55901

MAIL TO: P.O. Box 5947, Rochester, MN 55903

## APPLICANT DATA

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any status protected by federal, state or local law.

Date of Application \_\_\_\_\_

**NAME** (Please print your name as it appears on your government-issued identification)

LAST FIRST MIDDLE  
**ADDRESS**

STREET ADDRESS CITY STATE ZIP CODE

### PHONE

PRIMARY PHONE NUMBER ( ) ALTERNATE PHONE NUMBER ( )

When is the best time to call you? Preferred Phone Number  PRIMARY  ALTERNATE

EMAIL ADDRESS SOCIAL SECURITY NUMBER

Are you at least 18 years of age?  YES  NO Are you authorized to work in the United States for any employer?  YES  NO

Have you ever been previously employed by Samaritan Bethany?  YES  NO

If yes, when, and which position did you hold? POSITION HELD DATES OF EMPLOYMENT

Have you been interviewed by Samaritan Bethany in the past 12 months?  YES  NO

If yes, when and for what position? POSITION INTERVIEWED FOR DATE OF INTERVIEW

How did you hear about us?

- Our Website  Internet  Newspaper  Career Fair  College Recruiting  Walk-in  Networking  Open House
- Employee Referral  Other

## POSITION DESIRED

For which position are you applying? Req #

If hired, when are you available to start? Desired compensation: \$ per  Hour  Annual

Please check the types of shifts for which you are available.  DAYS  EVENINGS  NIGHTS  WEEKENDS  ANY

NOTE: Work schedules are based on the needs of the business, and may be subject to change on a weekly basis.

What type of employment are you seeking?

- FULL-TIME (54 or more hours per pay period)  PART-TIME (less than 54 hours per pay period)  ON-CALL (Irregular)  ANY

## LICENSING & CERTIFICATES

Indicate below any license(s) or certificate(s) you possess.

Occupational License, Certificate or Registration	Number	Issued By	Expiration Date
Occupational License, Certificate or Registration	Number	Issued By	Expiration Date
Occupational License, Certificate or Registration	Number	Issued By	Expiration Date

Applicant Name \_\_\_\_\_

## EDUCATION, SKILLS & TRAINING

Name and Address of School (Include City and State)	Dates Attended	Did you Graduate?	Type of Degree / Certificate and Major	Name While Attending
Last High School / GED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
College or University		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other School (Tech, Vocational, Military)		<input type="checkbox"/> YES <input type="checkbox"/> NO		

### Nursing Assistant Questionnaire:

How many hours was the Nursing Assistant training that you completed? \_\_\_\_\_ When did you complete the training? \_\_\_\_\_

Have you taken the State test for Nursing Assistants?  YES  NO If yes, did you pass the test?  YES  NO

If no, when do you plan to take or retake the test? \_\_\_\_\_ Did you receive a certification with the State Seal on it?  YES  NO

Have you filled out an application to the Minnesota State Nursing Assistant Registry?  YES  NO

Have you received a letter of acceptance to the Minnesota State Nursing Assistant Registry?  YES  NO If yes, when? \_\_\_\_\_

If you are on the registry in another state, have you applied for reciprocity?  YES  NO If yes, when? \_\_\_\_\_

Other special training that would enhance your qualifications:

Please list / mark any special / technical skills you have and, where appropriate, type of program used or speed:

Computer Software \_\_\_\_\_

Office Equipment \_\_\_\_\_

Other \_\_\_\_\_

Typing WPM \_\_\_\_\_  10-Key  Multi-line Phone

## OTHER INFORMATION

The Minnesota Department of Human Services requires us to conduct a Background Study before an individual begins a position allowing direct contact with persons served by Samaritan Bethany and annually thereafter.

Have you EVER been convicted, fined, placed on probation, convicted through court martial, found guilty (through plea or otherwise), or plead no contest (or nolo contendere) for any criminal violation of law (felony, misdemeanor, or otherwise)? \*  YES  NO

If yes, please explain, including the nature, date, county and state of each violation and any other pertinent information (applicants need not disclose information contained in a sealed criminal record and need not disclose a conviction that has been erased, expunged, pardoned, or annulled):

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\* A conviction of record will not necessarily be a bar to employment. Factors such as the nature and gravity of the offense, the nature of the job sought and the time that has passed since the conviction and/or completion of any sentence may be considered.

Samaritan Bethany has an Employment of Relatives policy that places some restrictions on the employment of relatives. To ensure that we do not place employees in positions that would violate this policy, please give the names and relationships of persons to whom you are related and who are employed by the Company.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Applicant Name \_\_\_\_\_

## EMPLOYMENT RECORD

List ALL employment, including military service, for at least the last TEN years. Start with your current or most recent employer and move backwards. Attach additional pages as necessary. You may attach a supplemental resume; however, it will not be accepted as a substitute for completing the information below.

Company \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Salary / Wage \_\_\_\_\_ per  Hour  Annual

Describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  YES  NO If no, why not? \_\_\_\_\_

Company \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Salary / Wage \_\_\_\_\_ per  Hour  Annual

Describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  YES  NO If no, why not? \_\_\_\_\_

Company \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Salary / Wage \_\_\_\_\_ per  Hour  Annual

Describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  YES  NO If no, why not? \_\_\_\_\_

Company \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Salary / Wage \_\_\_\_\_ per  Hour  Annual

Describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  YES  NO If no, why not? \_\_\_\_\_

Applicant Name \_\_\_\_\_

Have you EVER been terminated or forced to resign from any position?  YES  NO If yes, please explain: \_\_\_\_\_

If there are periods of greater than 30 days in the past 10 years when you were self-employed or unemployed, please complete the chart below for each such period. Attach additional pages as necessary.

From Month / Year	To Month / Year	Nature of Self-Employment or Reason for Unemployment

## REFERENCES

Please provide the names of three professional, work-related references we may contact. **Do NOT list friends, relatives or family members.**

Name \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Address \_\_\_\_\_ How Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Address \_\_\_\_\_ How Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Address \_\_\_\_\_ How Acquainted \_\_\_\_\_

## APPLICANT'S STATEMENT

**Please read the following statement carefully.**

I UNDERSTAND that this application is not a contract, offer or promise of employment. By filling out this application I am genuinely interested in working for Samaritan Bethany ("Company"), and I understand that an offer of employment may be subject to receipt of satisfactory reports and the accuracy of all pre-employment information I have supplied.

By signing below, I PROMISE that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete, and I UNDERSTAND that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment if discovered at a later date. I agree to immediately notify Samaritan Bethany if I should be convicted of a crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse, or violence, either while my job application is pending or during my period of employment, if hired.

I AUTHORIZE any person, school, current or past employer, and organizations named in this application (and accompanying resume, if any, to provide the Company with any information and opinion requested by the Company in connection with my application, and I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND that I am required to comply fully with all personal identification and employment eligibility requirements of the Immigration Reform and Control Act and that failure to do so will result in the termination of my employment. I understand that the Company participates in the E-Verify program.

I FURTHER UNDERSTAND that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted Company policies. By my continued employment with the Company, I consent to any such changes. I understand and agree that the Company cannot make any guarantees about my continued employment at Samaritan Bethany, for any specific period or specific type of work. My employment here is at will. This means that I am free to quit at any time, for any reason, just as the Company is free to terminate my employment at any time, for any reason – with or without notice, with or without cause.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



*An Equal Opportunity, Affirmative Action Employer*

Last Name

First Name

Middle Initial(s)

Date

Position for which you are applying

**Please read carefully:**

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*.\* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

**Race / Ethnicity – Select one or more**

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having originals in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Disability – Are you a person with a disability?**

- Yes
- No

**Sex – Select one**

- Female
- Male

\* **This form is *not used for employment decisions***. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.