



343 Woodlake Drive SE
Rochester, MN 55904
507-289-2089

Employment Application

APPLICANT INFORMATION

Name: _____ Date: _____
First MI Last

Address: _____ Phone: _____
Street Address Apt./Unit #

_____ Cell: _____
City State Zip Code

E-Mail Address: _____

Position Applied for: _____ Reference #: _____

Are you authorized to work in the US? Yes No Are you over the age of 18? Yes No

In case of an emergency, contact:

Name: _____ Relationship: _____ Phone: _____

When are you available to work? Full Time Part Time Temporary Expected Salary: \$ _____

EDUCATION

High School: _____ Did you graduate? Yes No

College: _____ Degree: _____
From: _____ To: _____ Did you graduate? Yes No

Other: _____ Degree: _____
From: _____ To: _____ Did you graduate? Yes No

Licensures & Certifications (Include Dates): _____

Subjects of Special Study or Research Work: _____

REFERENCES

Please list 3 Professional References.

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____



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EMPLOYMENT HISTORY

Please provide a list of **all employers within the last five years**, beginning with the most current. Attach additional pages as necessary.

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous employer? Yes No

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous employer? Yes No

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous employer? Yes No

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous employer? Yes No

EMPLOYMENT APPLICATION ACKNOWLEDGMENT

The information given on this application is accurate. I understand that the furnishing of any misleading or incorrect information will render this application void and will be just cause of immediate termination in the event of my employment. I hereby grant permission to Zumbro Valley Mental Health Center or its duly authorized representatives to contact any persons, companies, or schools named or referred to in the application (other than my present employer) and I hereby authorize these persons, companies, and schools to provide my record, reasons for leaving, and all other information they have concerning me to Zumbro Valley. I further release all such parties and Zumbro Valley Mental Health Center and its agents and employees from any and all liability claims for damage whatsoever that may result from such contact or information. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYEMENT IS FOR NO DEFININTE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALRY, BE TERMINATED AT ANY TIME WITH OUT PRIOR NOTICE AND WITH OUT CAUSE. I UNDERSTAND THAT NO REPRESENTATIVE OF ZUMBRO VALLEY MENTAL HEALTH CENTER HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY. ZUMBRO VALLEY MENTAL HEALTH CENTER IS AN AT-WILL EMPLOYER. EEO/Affirmative Action employer.

Applicant Signature _____

Date _____



Applicant Survey

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AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Name: _____ Date: _____
First MI Last

Position(s) for which you are applying: _____

Indicate Reference # or where you first saw our ad: _____

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 origins 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.

GENDER & DISABILITY

- Please select gender: Male Female
- Are you a person with a disability? Yes No

VETERAN STATUS

- A Veteran:** A person who (1) served on active duty for a period of more than 80 days, (2) who received other than a dishonorable discharge, (3) who does not fall into any of the other categories outlined below.
- A Disabled Veteran:** A person who has 30 percent or more disability and is entitled to disability compensation by the Veteran’s Administration who was released from the military service (active duty) for a disability incurred or aggravated in the line of duty.
- A Vietnam Veteran:** A person who served on active duty for more than 180 days (any part of which was performed during the period from August 5, 1964 through May 7, 1975) AND who was discharged or released from the military service with other than a dishonorable discharge.
- A Disabled Vietnam Era Veteran:** A person who meets both the criteria stated in #2 and #3 above.
- Other:** A person who is not a veteran and does not fall into any of the other veteran categories listed above.
- I do not wish to voluntarily supply this information.**

* **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.