



Employment Application

343 Woodlake Drive SE

Rochester, MN 55904

(507) 289-2089

APPLICANT INFORMATION

Name: _____ Date: _____
First MI Last

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

City State Zip Code Cell: _____

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 DEFINITE 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