



901 North Ninth Street • Virginia, MN 55792 • Telephone: 218-749-9423

We welcome you as an applicant for employment. It is the intent and policy of this Medical Center to provide equality of opportunity in employment to all persons. This policy prohibits discrimination for any reason, including sex, race, creed, age, disability, national origin, marital status, religion or sexual orientation in all aspects of its personal policies, programs, practices and operations. This policy applies to all phases of full, part-time, temporary and casual employment.

All information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment by this Medical Center. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying.

TITLE OR KIND OF WORK APPLIED FOR	SALARY DESIRED	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	CASUAL <input type="checkbox"/>	DATE AVAILABLE
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PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL		
IF YOU HAVE BEEN EMPLOYED UNDER ANOTHER NAME PLEASE PROVIDE PREVIOUS NAME. (FOR REFERENCE CHECKING PURPOSES ONLY)				
PRESENT PERMANENT ADDRESS	CITY	COUNTY	STATE	ZIP CODE
HOME TELEPHONE NO.	DRIVERS LICENSE NO. & STATE (to be completed only if drivers license is a job requirement)			

PLEASE LIST ANOTHER ADDRESS & TELEPHONE NO. WHERE YOU MAY BE REACHED	PHONE NO.
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WHAT HOURS ARE YOU AVAILABLE FOR WORK? _____ OR _____

MILITARY

Branch of Service	Date Entered	Date of Discharge
Are you a member of any Military Reserve Unit? Yes _____ No _____ If Yes, Give Name:		Date: From: To:
Service School or Special Experience:		

DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE PARTICULAR JOB FOR WHICH YOU ARE APPLYING?
YES NO

IF YES, DESCRIBE SUCH CONDITION _____

EDUCATIONAL INFORMATION

CIRCLE HIGHEST GRADE COMPLETED	GRADE SCHOOL 1 2 3 4 5 6 7 8	HIGH SCHOOL 9 10 11 12	COLLEGE 13 14 15 16	POST GRADUATE 1 2 MA		
NAME AND ADDRESS OF LAST HIGH SCHOOL				DATE OF GRADUATION OR GED		
TYPE OF SCHOOL	NAME & MAILING ADDRESS OF SCHOOL	DATES		GRADUATED		COURSE/DEGREE
		FROM	TO	YES	NO	
HIGH SCHOOL		X	X			

LIST ANY CORRESPONDENCE COURSE, SPECIAL COURSES, SEMINARS, WORKSHOPS, TRAINING SESSIONS, ETC. THAT MIGHT RELATE TO THIS POSITION, ALSO LIST ANY LICENSE OR CERTIFICATES RELATING TO POSITION.

LIST ANY OTHER KNOWLEDGE, ABILITY, SKILLS OR EXPERIENCE WHICH IN YOUR OPINION QUALIFIES YOU FOR THIS POSITION.

PROFESSIONAL LICENSURE

TYPE	NUMBER	TYPE	NUMBER
EXPIRATION	CURRENT STATES	EXPIRATION	CURRENT STATES
ARE THERE ANY RESTRICTIONS ON YOUR LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES			
IF YES, EXPLAIN:			
IS YOUR LICENSE NOW OR HAS IT EVER BEEN UNDER INVESTIGATION OR ENCUMBERED IN MINNESOTA OR ANY OTHER STATE? <input type="checkbox"/> NO <input type="checkbox"/> YES			
IF YES, EXPLAIN:			

SECRETARIAL AND CLERICAL APPLICANTS

TYPING WPM	SHORTHAND WPM	DO YOU OPERATE A DICTAPHONE?
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LIST OTHER SKILLS, ACCOUNTING, CLERICAL, MEDICAL TERMINOLOGY, BUSINESS MACHINES, ETC.

EMPLOYMENT

LIST A COMPLETE ACCOUNT OF YOUR WORK EXPERIENCE. GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST.		
EMPLOYING FIRM	SPECIFIC DUTIES:	NO. HOURS WORKED PER WEEK:
FULL ADDRESS AND TELEPHONE		
		EMPLOYMENT LENGTH
		From mo. yr.
YOUR TITLE		To mo. yr.
		Total mo. yr.
SUPERVISOR & TITLE		STARTING SALARY:
REASONS FOR SEEKING OTHER EMPLOYMENT		FINAL SALARY:

EMPLOYING FIRM	SPECIFIC DUTIES:	NO. HOURS WORKED PER WEEK:
FULL ADDRESS AND TELEPHONE		
		EMPLOYMENT LENGTH
		From mo. yr.
YOUR TITLE		To mo. yr.
		Total mo. yr.
SUPERVISOR & TITLE		STARTING SALARY:
REASONS FOR SEEKING OTHER EMPLOYMENT		FINAL SALARY:

EMPLOYING FIRM	SPECIFIC DUTIES:	NO. HOURS WORKED PER WEEK:
FULL ADDRESS AND TELEPHONE		
		EMPLOYMENT LENGTH
		From mo. yr.
YOUR TITLE		To mo. yr.
		Total mo. yr.
SUPERVISOR & TITLE		STARTING SALARY:
REASONS FOR SEEKING OTHER EMPLOYMENT		FINAL SALARY:

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____	IF NO, PLEASE EXPLAIN:
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UNSALARIED EXPERIENCE (Omit any organizations/activities that would divulge race, age, ethnic origin or religious persuasion.)

VOLUNTEER ORGANIZATION	MAILING ADDRESS	ZIP CODE	PHONE NO.
POSITION HELD	DUTIES PERFORMED	IMMEDIATE SUPERVISOR	
DATES OF PARTICIPATION FROM: TO:	HRS. PER WEEK	SKILLS LEARNED	
VOLUNTEER ORGANIZATION	MAILING ADDRESS	ZIP CODE	PHONE NO.
POSITION HELD	DUTIES PERFORMED	IMMEDIATE SUPERVISOR	
DATES OF PARTICIPATION FROM: TO:	HRS. PER WEEK	SKILLS LEARNED	

REFERENCE RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING

Having made application for employment with Virginia Regional Medical Center and desiring them to be informed as to my previous record and character, I hereby authorize Virginia Regional Medical Center to investigate my past record and to ascertain any and all information which may concern my record and character, references, and all persons whomsoever from any damage because of furnishing said information. I understand that the misrepresentation or the omission of facts called for, will be just cause for disqualification or dismissal. I will consent to all drug screens, physical and other examinations required at any time by Virginia Regional Medical Center.

APPLICANT'S SIGNATURE _____ DATE _____

EMAIL ADDRESS _____

PLEASE WRITE A SHORT PARAGRAPH DESCRIBING WHY YOU DESIRE EMPLOYMENT WITH VIRGINIA REGIONAL MEDICAL CENTER

Is there any reason why you cannot be at work on time every day?	Yes _____	No _____
Have you ever been convicted of a felony?	Yes _____	No _____

PERSONAL REFERENCES

NAME	ADDRESS	OCCUPATION	PHONE NO.	YEARS ACQUAINTED
1.				
2.				
3.				

This application will be kept active for 90 days and will be retained for 1 year.