

APPLICATION FOR EMPLOYMENT



100 FALLWOOD ROAD, REDWOOD FALLS, MN 56283

Redwood Area Hospital is an Equal Opportunity Employer and does not discriminate in hiring or any other decisions on the basis of race, color, creed, religion, national origin, sex, marital status, age, or disability.

PERSONAL INFORMATION				
NAME	LAST	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	STREET	CITY	STATE ZIP	PHONE
PERMANENT ADDRESS	STREET	CITY	STATE ZIP	PHONE
CELL PHONE	EMAIL	ALTERNATE CONTACT		

EMPLOYMENT DESIRED	
PRIMARY POSITION DESIRED	WILL YOU ACCEPT ANOTHER POSITION? <input type="checkbox"/> NO <input type="checkbox"/> YES-SPECIFY:
ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> WEEKENDS <input type="checkbox"/> ROTATING SHIFTS <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> ON-CALL	SHIFT(S) DESIRED <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> EVENINGS <input type="checkbox"/> OPEN
SALARY DESIRED	STATUS DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL
DO YOU LIMIT YOUR EARNINGS DUE TO SOCIAL SECURITY OR OTHER REASONS? <input type="checkbox"/> NO <input type="checkbox"/> YES-SPECIFY EARNING LIMIT	
ARE YOU EITHER A US CITIZEN OR LEGALLY ELIGIBLE TO HOLD EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION/TRAINING				
SCHOOL	NAME & ADDRESS OF SCHOOL	COURSES TAKEN	DID YOU GRADUATE?	DIPLOMA, DEGREE, OR CERTIFICATE RECEIVED
High School / GED			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other
Post-Secondary Education / College			<input type="checkbox"/> YES <input type="checkbox"/> NO Date: ___/___/___	
Graduate or Other Special Training			<input type="checkbox"/> YES <input type="checkbox"/> NO Date: ___/___/___	
OTHER CLASSES/TRAINING				
AREAS OF SPECIALIZATION OR INTEREST				
PROFESSIONAL MEMBERSHIPS, HONORS RECEIVED, VOLUNTEER OR COMMUNITY SERVICE, OR OTHER QUALIFICATIONS YOU HAVE WHICH YOU FEEL ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING				

PROFESSIONAL LICENSES, REGISTRATIONS, OR CERTIFICATIONS				
TYPE	ISSUING STATE OR ORGANIZATION	DATE ISSUED	NUMBER	EXPIRATION DATE

BACKGROUND INFORMATION

PURSUANT TO MINNESOTA STAT. §364.021 (B) AND (C), APPLICANTS ARE NOTIFIED THEY MAY BE DISQUALIFIED FROM EMPLOYMENT IN CERTAIN POSITIONS WITH A PARTICULAR CRIMINAL HISTORY. FURTHER, PURSUANT TO MINNESOTA STATUTE §245C, EMPLOYMENT OFFERS ARE CONDITIONAL UPON THE APPLICANT BEING SUBJECT TO A CRIMINAL HISTORY BACKGROUND CHECK.

USE THIS SPACE TO MAKE ANY FURTHER COMMENTS THAT YOU FEEL MAY BE HELPFUL TO US.

REFERENCES

PLEASE LIST INDIVIDUALS WHO CAN DISCUSS YOUR QUALIFICATIONS AND SUITABILITY FOR THE POSITION FOR WHICH YOU ARE APPLYING. REDWOOD AREA HOSPITAL RESERVES THE RIGHT TO CONTACT ALL PRIOR EMPLOYERS AND EDUCATIONAL INSTITUTIONS IN ADDITION TO THE REFERENCES LISTED BELOW.

NAME & TITLE	RELATIONSHIP	ADDRESS - STREET, CITY, STATE, ZIP	CONTACT TELEPHONE

NAME & TITLE	RELATIONSHIP	ADDRESS - STREET, CITY, STATE, ZIP	CONTACT TELEPHONE

NAME & TITLE	RELATIONSHIP	ADDRESS - STREET, CITY, STATE, ZIP	CONTACT TELEPHONE

ATTESTATION

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of fact(s) will disqualify me from consideration of employment and constitutes immediate dismissal should I be employed by Redwood Area Hospital.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause.

I understand that upon making a contingent job offer, Redwood Area Hospital may conduct a criminal background check, post-offer health exam and drug screening. Future employment is also contingent upon satisfactory verification of any applicable licenses and/or education qualification requirements and reference verifications.

I understand that if employed, I will be required to complete an Employment Verification Form (I-9), and within three days must show satisfactory evidence of my identity and eligibility for employment.

Signature _____ Date _____

AUTHORIZATION AND RELEASE

I hereby authorize any and all current and former employers, volunteer organizations, and references named in this application or any agent of such a current or former employer or organization, to release to Redwood Area Hospital and its agents any and all information regarding my job performance and qualifications to perform the position I am presently seeking and any other employment related information, both public and private. I understand that Redwood Area Hospital will use this information to determine suitability for the position for which I am applying. This authorization expires one year from the date of my signature.

I also hereby release Redwood Area Hospital and all current and former employers, volunteer organizations, and references named in this application or any agent of such employer or organization, of any and all liability of whatever nature by reason of requesting or providing such information.

Signature _____ Date _____

APPLICATION PROCESS

Please return completed application to: Redwood Area Hospital, Attention Human Resource Dept, 100 Fallwood Rd, Redwood Falls, MN 56283 or by fax to (507) 697-6029. Visit our website at www.redwoodareahospital.org for information about career opportunities at Redwood Area Hospital.



PERSONAL REFERENCE VERIFICATION

100 FALLWOOD ROAD, REDWOOD FALLS, MN 56283

NAME OF APPLICANT | POSITION APPLIED FOR

INSTRUCTIONS TO APPLICANT

PLEASE SIGN AND DATE THE AUTHORIZATION (SECTION I) TO VERIFY PERSONAL REFERENCES AND RETURN THE FORM ALONG WITH YOUR APPLICATION. PLEASE DO NOT COMPLETE SECTION II. REFERENCES ARE GENERALLY VERIFIED BY REDWOOD AREA HOSPITAL FOLLOWING THE INITIAL INTERVIEW PROCESS.

I. AUTHORIZATION - PERSONAL REFERENCE

I authorize the individual to whom this form is addressed to furnish the information requested and release them from any and all liability for damage as a result of providing this information. I understand without the benefit of reference information, Redwood Area Hospital may be unable to evaluate my suitability for employment.

Signature of Applicant: _____ Date: _____

II. PERSONAL REFERENCE VERIFICATION

TO: _____

You have been listed as a reference for _____. This individual has applied for a position with our facility. I would appreciate your assistance by providing us with any information you believe would be helpful to us in our decision making process. Your opinions and/or concerns are greatly appreciated.

Enclosed is a postage-paid return envelope for your convenience. Thank you for your assistance.

Sincerely,

Jody Rindfleisch

Jody Rindfleisch
Human Resource Manager

Multiple horizontal lines for providing reference information.

SIGNATURE: _____ DATE: _____

WORK EXPERIENCE VERIFICATION



100 FALLWOOD ROAD, REDWOOD FALLS, MN 56283

NAME OF APPLICANT	POSITION APPLIED FOR
-------------------	----------------------

INSTRUCTIONS TO APPLICANT

PLEASE SIGN AND DATE THE AUTHORIZATION TO VERIFY EMPLOYMENT INFORMATION (SECTION I) AND RETURN THE FORM ALONG WITH YOUR APPLICATION. WORK EXPERIENCE VERIFICATIONS ARE GENERALLY COMPLETED BY REDWOOD AREA HOSPITAL FOLLOWING THE INITIAL INTERVIEW PROCESS.

I. AUTHORIZATION - WORK EXPERIENCE

I authorize the organization to whom this form is addressed to furnish the information requested and release them from any and all liability for damage as a result of providing this information. I understand without the benefit of employment and reference information, Redwood Area Hospital may be unable to evaluate my suitability for employment.

Signature of Applicant: _____ Date: _____

II. WORK EXPERIENCE VERIFICATION

TO: _____

The above individual has applied for a position with our facility. I would appreciate your assistance by providing us with any information you believe would be helpful to us in our decision making process. Your opinions and/or concerns are greatly appreciated.

Enclosed is a postage-paid return envelope for your convenience. Thank you for your assistance.

Sincerely,

Jody Rindfleisch
Human Resource Manager

EMPLOYER NAME	WAS THE APPLICANT EMPLOYED BY YOUR ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
POSITION TITLE	JOB DUTIES	
DATES OF EMPLOYMENT FROM: ___/___/___ TO ___/___/___	SALARY STARTING: _____ ENDING: _____	
REASON FOR LEAVING	WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE ABSENCES FREQUENT OR OF CONCERN TO SUPERVISORS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DID THE APPLICANT WORK WELL WITH: SUPERVISORS <input type="checkbox"/> YES <input type="checkbox"/> NO COWORKERS <input type="checkbox"/> YES <input type="checkbox"/> NO CUSTOMERS <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHAT COMMENTS WOULD YOU LIKE TO SHARE WITH US THAT YOU FEEL MAY BE HELPFUL IN OUR DECISION MAKING PROCESS?		
SIGNATURE:	TITLE:	DATE:



AFFIRMATIVE ACTION

100 FALLWOOD ROAD, REDWOOD FALLS, MN 56283

REDWOOD AREA HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER.

APPLICANT NAME:	POSITION APPLIED FOR:	DATE:
-----------------	-----------------------	-------

AFFIRMATIVE ACTION REPORTING

This data is for analysis and affirmative action reporting only. Submission is voluntary. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

SEX:

MALE

FEMALE

RACE/ETHNICITY:

HISPANIC OR LATINO - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

WHITE (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

BLACK OR AFRICAN AMERICAN (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

ASIAN (Not Hispanic or Latino) - 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 Phiippine Islands Thailand, and Vietnam

AMERICAN INDIAN OR ALASKAN NATIVE(Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

TWO OR MORE RACES (Not Hispanic or Latino) - All persons who identify with more than one or the above five races

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

VIETNAM ERA VETERAN

DISABLED VETERAN

VETERAN

DISABLED INDIVIDUAL

PLEASE IDENTIFY WHERE YOU LEARNED ABOUT AN EMPLOYMENT OPPORTUNITY WITH REDWOOD AREA HOSPITAL

<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> RECRUITMENT FIRM	<input type="checkbox"/> INTERNAL JOB POSTING
<input type="checkbox"/> EMPLOYEE REFERRAL	<input type="checkbox"/> TEMPORARY SERVICE	<input type="checkbox"/> ONLINE JOB POSTING / AD
<input type="checkbox"/> HOSPITAL WEBSITE	<input type="checkbox"/> STATE EMPLOYMENT SERVICE	<input type="checkbox"/> SCHOOL/COLLEGE PLACEMENT CENTER
<input type="checkbox"/> WALK-IN	<input type="checkbox"/> OTHER - SPECIFY _____	