

Personal Information

Full Name (Last, First, M.I.) _____

Home Phone _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Addresses

Current Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Since (Mo/Yr): _____

Prior Address (1):

Street Address: _____

City: _____ State: _____ Zip: _____

Since (Mo/Yr): _____ To (Mo/Yr): _____

Prior Address (2):

Street Address: _____

City: _____ State: _____ Zip: _____

Since (Mo/Yr): _____ To (Mo/Yr): _____

Education

High School:

School: _____ Diploma (Y/N) _____

City _____ State: _____

Undergraduate:

School: _____ Diploma (Y/N) _____

City _____ State: _____

Deg/Cert/Dip: _____ Area of Study: _____

Job Application

Madison Lutheran Home
Madison Hospital

Graduate:

School: _____ Diploma (Y/N) _____

City _____ State: _____

Deg/Cert/Dip: _____ Area of Study: _____

Other School:

School: _____ Diploma (Y/N) _____

City _____ State: _____

Deg/Cert/Dip: _____ Area of Study: _____

Employment Information

Current Employer

Employer: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Position Held: _____

From(Mo/Yr): _____ To (Mo/Yr): _____

Pay Upon Leaving: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

May we contact current employer? (Y/N) _____

Prior Employer (1)

Employer: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Position Held: _____

Job Application

Madison Lutheran Home
Madison Hospital

From(Mo/Yr): _____ To (Mo/Yr): _____

Pay Upon Leaving: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

Prior Employer (2)

Employer: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Position Held: _____

From(Mo/Yr): _____ To (Mo/Yr): _____

Pay Upon Leaving: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

Prior Employer (3)

Employer: _____

City: _____ State: _____ Zip: _____

Phone: _____

Position Held: _____

From(Mo/Yr): _____ To (Mo/Yr): _____

Pay Upon Leaving: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

Job Related Skills

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

Do you have a valid driver's license? (Y/N) _____ If yes, date of issue: _____

If yes, Driver's License Number: _____

Have you been convicted of or pled guilty to any traffic-related offense within the past five years? _____

If yes, please explain: _____

Has your driver's license been suspended or revoked or had your driving privileges modified by a court of law? _____

If yes, please explain: _____

Please list all states from which you hold or held a driver's license: _____

Skills: _____

Professional Designations: _____

References

Reference (1):

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Years Acquainted: _____

Reference (2):

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Job Application

Madison Lutheran Home
Madison Hospital

Years Acquainted: _____

Reference (3):

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Years Acquainted: _____

Reference (4):

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Years Acquainted: _____

Signature: _____ Date: _____

Please feel free to also send a résumé with your application. You can send this to:

900 Second Avenue
Madison, MN 56256

or fax the completed survey to: 320-598-7553 or email bsabin@mlhmn.org

Application Acknowledgment

APPLICANT: Please read and sign your name on this acknowledgment to complete application for employment

ACKNOWLEDGMENT

1. I understand that any offer of employment made to me will be in writing and contingent upon successful completion of a physical examination if required for the position (s) for which I am applying. I understand that I may be subject to follow-up medical examination if the follow-up examination is medically related to the previously obtained medical information and needed to determine reasonable accommodation.

Job Application

Madison Lutheran Home Madison Hospital

2. I authorize this organization to make any investigation deemed necessary for employment consideration, promotion or transfer within the organization. I understand that this includes, but is not limited to criminal background check and motor vehicle driving records. I authorize all person, schools, employers and law enforcement authorities to release any information concerning my background, including all information contained in this application and information provided in the interview. I hereby release any said persons, school, employers and law enforcement authorities from all liability in responding to inquiries in connection with my application for employment.
3. I understand that as part of my application for employment and that at any time during the course of such employment, I may be required to be examined concerning my ability to perform any job in a manner that does not endanger my own health or safety or the health or safety of others.
4. I authorize all providers of health care who examine me pursuant to company requirements to disclose to my employer or any of its agents, all medical information revealed during such examinations. I understand this Authorization will remain valid for five (5) years from the date of this application, and that if I become employed this Authorization will remain in effect for one (1) year after my employment terminates.
5. any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and the pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any offer of employment will be withdrawn and if employed, I may be subject to dismissal.
6. if selected for employment, I will comply with the safety, work and attendance policies of my employer.
7. I understand that any offer of employment is contingent upon presentation on my start date of acceptable proof of identity and right to work in the United States.
8. I understand that if company policy requires, I am willing to submit to drug and alcohol testing.
9. I understand this employment application is not to be construed as a guarantee of employment for specific time. I understand that if I am selected, my employment with this organization will not constitute any form of contract, implied or expressed, and such employment is "at-will" which means that either I or Madison Lutheran Home may terminate the m employment relationship at any time and for any or no reason. If hire, my "at-will" employment status may only be changed by written employment agreement signed by an authorized

Job Application

Madison Lutheran Home Madison Hospital

representative. No Madison Lutheran Home supervisor or department head has the authority to offer or promise anything other than “at-will” employment.

By signing my name, I acknowledge having read and understand that above statements and I promise that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete. Again, I understand that any false or misleading information or significant omissions will 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 my employer if I should be convicted of a felony or any crime while my job application is pending, or during my period of employment, if hired. I also understand that I have the right to receive a copy of this acknowledgement should I request a copy.