

TALAHI SENIOR CAMPUS APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, sexual orientation, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			
	Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes - Month and Year			Social Security #
	Position Desired			Pay Expected
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No - what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			Date able to begin work?
	Other special training or skills (languages, machine operation, etc.)			

EMAIL: _____

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	BUSINESS/TRADE/ TECHNICAL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ELEMENTARY				<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe your work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe your work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe your work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe your work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number _____ Reason _____
	Employer Number _____ Reason _____

Have you ever had a grievance or complaint with the Board of Nursing filed against you? Has your certification or licensed ever been restricted or revoked? NO YES If yes, describe in full. _____

BUSINESS OR PERSONAL REFERENCES

NAME _____

ADDRESS _____

PHONE _____ HOW LONG KNOWN _____

NAME _____

ADDRESS _____

PHONE _____ HOW LONG KNOWN _____

NAME _____

ADDRESS _____

PHONE _____ HOW LONG KNOWN _____

S
I
G
N
A
T
U
R
E

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date _____ Signature _____

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		

T E S T	TEST ADMINISTERED	SCORE	RATING	ANALYSIS AND COMMENTS

TALAH CARE CENTER

1717 University Drive SE
St. Cloud , MN 56304

EEO/AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, national origin, race, disability and veteran status of employees and applicants for employment. This data is for analysis and affirmative action only. Submission of information is voluntary and will be kept confidential.

Job title applying for: _____

Date information given: _____

I do not wish to give any information: _____

If you do wish to give information:

Please X one: Male ___ Female ___

Please X one: White ___ Black ___

 Hispanic ___ Asian/Pacific Islander ___

 American Indian/Alaskan Native ___

Please X if any of the following are applicable:

 Vietnam Vet ___ Disabled Veteran ___

 Disabled Individual ___

Social Security Number: _____ Birth Date: _____

Name: _____

THIS FORM WILL NOT BE USED IN THE INTERVIEW PROCESS.