

# Employment Application

Date

Position

Name

To be completed by applicant



## Hutchinson Area Health Care

- Hutchinson Community Hospital
- Dassel Medical Center
- Orthopaedic and Fracture Clinic of Hutchinson

*Please return this application to Human Resources at Hutchinson Area Health Care  
1095 Highway 15 South • Hutchinson, Minnesota 55350 • (320) 484-4685*

A N E Q U A L O P P O R T U N I T Y E M P L O Y E R

We intend to comply with the letter and spirit of applicable Federal, State and local laws and regulations prohibiting discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or age.

Last Name (Print)	First Name	Middle	Social Security Number
Present Address Street	City	State	Zip Code
Permanent Address: (if different from above) Street City State Zip Code			Cell Phone
E-mail Address:			Date available for work
Is there any name (e.g. maiden), other than the one stated above, by which you can be identified by previous employers or educational institutions?			Salary Expected
Position Desired	<b>HOURS</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Pool/On-call <input type="checkbox"/> Part Time <input type="checkbox"/> Temp/Seasonal	<b>LOCATION</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Dassel Clinic	If part time, what hours are you available?
Have you ever been employed at Hutchinson Community Hospital or Hutchinson Area Health Care?			
If yes, when:			
Who referred you to our organization?	<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> School <input type="checkbox"/> On my own <input type="checkbox"/> Employee <input type="checkbox"/> HAHC website <input type="checkbox"/> Other	Names of relatives employed at Hutchinson Area Health Care: Give Relationship:	

**EDUCATIONAL HISTORY**

School	Name of School and Location	Major Course	Circle Last Year Completed
High School			Fr   Soph   Jr   Sr 1   2   3   4
College			Fr   Soph   Jr   Sr 1   2   3   4
Technical School			
Graduate School			
Other Including Military			

Honors and Activities in High School:	Degree Attained:
Honors and Activities in College:	

What were your average grades in High School?	College Grade Point Average (based on _____ points)
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List professional registration or license number if applicable:	List CPR expiration if applicable:	Other states where currently or formerly registered:
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List Office Skills - <input type="checkbox"/> Word Processing Software <input type="checkbox"/> Database Software <input type="checkbox"/> Spreadsheet Software <input type="checkbox"/> Presentation Software <input type="checkbox"/> Other	Medical Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list specific software: \_\_\_\_\_  
 List professional and other organizations to which you belong, other than religious, social or political: \_\_\_\_\_

What hobbies and/or interests do you have? \_\_\_\_\_

Have you ever been convicted of a crime? (This information will not be used in any manner which is inconsistent with M.S. Chapter 364).  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**Employment Record** (List most recent position first, including summer work, and volunteer.)

	1. Present or Most Recent Employer	2. Next Previous Employer	3. Next Previous Employer	4. Next Previous Employer
Name of Employer				
Address				
Phone No.				
Your Position				
Your Supervisor				
Dates of Employment (Month, Year)	From: Mon. Yr. To: Mon. Yr.	From: Mon. Yr. To: Mon. Yr.	From: Mon. Yr. To: Mon. Yr.	From: Mon. Yr. To: Mon. Yr.
Salary	Beginning Ending	Beginning Ending	Beginning Ending	Beginning Ending
Reason For Leaving				
Description of Work				

Are You Presently Employed?

If Yes, May We Contact Your Employer For References?

**References**

Name	Address	Phone Number	Occupation

HAHC is an equal opportunity employer and provides services to individuals regardless of race, color, creed, marital status, status with regard to public assistance, membership or activity in a local commission, sexual orientation, sex, age, national origin, religion or disability.

If you need assistance to complete this application or during the interview process such as sign language, interpreters, readers, or other accommodations, please contact Human Resources at 320/484-4685 or utilize the TDD at 320/587-8378.

**FALSIFICATION OF RECORDS**

I certify that the information in this application is correct to the best of my knowledge, and understand that falsification of this application or omission of requested information in any detail is grounds for disqualification from further consideration or for dismissal from employment.

**EMPLOYMENT AT WILL**

I understand that nothing contained in this employment application or in the granting of interview is intended to create an employment contract between HAHC and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon HAHC unless made in writing and signed by the President. If I am offered employment and become employed, I understand that I have the right to terminate my employment at any time for any reason or no reason and that HAHC has the right to terminate my employment at any time for any reason or no reason, with or without notice.

**CONDITIONAL OFFER OF EMPLOYMENT**

I understand that any offer of employment made to me may be conditional upon undertaking and passing a pre-placement physical assessment. I further understand and agree that I will provide the healthcare provider who is conducting the assessment with any and all medical history information or any other information deemed necessary.

**BACKGROUND STUDY**

I understand and agree that I will be automatically removed from consideration for employment, or if already hired, terminated from employment, if I am disqualified following a background study.

**PROOF OF RIGHT TO WORK**

If I am offered a position with HAHC, I understand that as a condition of employment I will be required to prove identity and right to work as required by the Immigration Reform and Control Act of 1986.

**RELEASE OF INFORMATION**

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize HAHC to: (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; and (3) discuss the results of any investigation with other employees of HAHC involved in the hiring process. In addition, I give my consent for all contacted persons including former employers to provide information concerning this application, and I release each such person from liability for providing information to HAHC.

Certain information requested on this form is private; that is, it may be released only to you or to governmental entities authorized access by law.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED AT THE TIME OF THE INTERVIEW**

I acknowledge that I have read the job analysis for the position for which I have applied and I (check one)

**am able**     **am able with reasonable accommodations**     **am not able** to meet the physical demands of the position.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use only:

Date Hired: \_\_\_\_\_ Start Date: \_\_\_\_\_ Date EOH notified: \_\_\_\_\_

Location: \_\_\_\_\_ Date/Time of PPS: \_\_\_\_\_

Cost Center/Job Code: \_\_\_\_\_ Organizational Orientation date/time: \_\_\_\_\_

Job Title: \_\_\_\_\_ Infection Control Orientation date/time: \_\_\_\_\_

Starting Salary/Step: \_\_\_\_\_ HRO & NL date/time: \_\_\_\_\_

Add'l Ltd Hrs \_\_\_\_\_ Days/shifts pp period \_\_\_\_\_ License/Certifications Checked: \_\_\_\_\_

Work Rule: \_\_\_\_\_ Sanctioned Provider checked: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_