



900 East Broadway, PO Box 5510, Bismarck, North Dakota 58506-5510 701-530-7175 800-247-5905

# Application for Employment

Today's Date \_\_\_\_\_

## EQUAL OPPORTUNITY EMPLOYER

St. Alexius Medical Center is committed to the policy of equal employment in recruitment, interviewing, hiring, and all other personnel practices. Your job related experiences, education, and other qualifications will be considered without discrimination on grounds of race, color, religion, sex, age, national origin or disability. The information you provide in this application will be treated confidentially, and used only to help assure the best use of your abilities should you be employed by St. Alexius Medical Center.

IF YOU HAVE ANY QUESTIONS, OR IF REASONABLE ACCOMMODATIONS ARE NEEDED TO COMPLETE THIS FORM, PLEASE FEEL FREE TO NOTIFY US.

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Street City State Zip

Address \_\_\_\_\_

Street City State Zip

Telephone (Home) (\_\_\_\_) \_\_\_\_\_ (School or Business) (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Are you under 16?  Yes  No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?

Yes  No Proof of citizenship or immigration status will be required upon employment.

Have you worked for St. Alexius Medical Center? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Under what name? \_\_\_\_\_

## EDUCATION

School	Name & Address	Course/ Major	Did you Graduate?	Degree/ Diploma
High School				
College				
Nursing				
Military				

Are you currently named as a defendant in a criminal proceeding for mistreatment, neglect or abuse of any person or a misappropriation of property?  Yes  No

Have you ever been convicted of a felony or misdemeanor for mistreatment, neglect or abuse of any person, or a misappropriation of property?  Yes  No

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

Have you ever been convicted of any other felony or misdemeanor?  Yes  No

A criminal conviction record does not by itself constitute an absolute bar to employment. The nature of the conviction record will be examined on a case-by-case basis, including subsequent rehabilitation, and will be considered in relation to the responsibilities of the position sought in making each employment decision.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Application \_\_\_\_\_ Position Desired (1) \_\_\_\_\_

(2) \_\_\_\_\_ hours/week

Will you work:  Full time (40 hr/wk) OR  Part time \_\_\_\_\_

Days  Evenings  Nights  Weekends  Holidays

**PRESENT OR MOST RECENT EMPLOYMENT INFORMATION**

1. Firm \_\_\_\_\_ Tele. No (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your Name While Employed There For Reference Request \_\_\_\_\_  
Name Of Immediate Supervisor \_\_\_\_\_  
Starting Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Date Began \_\_\_\_\_  
Present Title \_\_\_\_\_ Present Salary \_\_\_\_\_ Date Left \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May We Contact The Employer Listed Above? \_\_\_\_\_

**PREVIOUS EXPERIENCE**

2. Firm \_\_\_\_\_ Tele. No (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your Name While Employed There For Reference Request \_\_\_\_\_  
Name Of Immediate Supervisor \_\_\_\_\_  
Starting Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Date Began \_\_\_\_\_  
Present Title \_\_\_\_\_ Present Salary \_\_\_\_\_ Date Left \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May We Contact The Employer Listed Above? \_\_\_\_\_

**PREVIOUS EXPERIENCE**

3. Firm \_\_\_\_\_ Tele. No (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your Name While Employed There For Reference Request \_\_\_\_\_  
Name Of Immediate Supervisor \_\_\_\_\_  
Starting Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Date Began \_\_\_\_\_  
Present Title \_\_\_\_\_ Present Salary \_\_\_\_\_ Date Left \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May We Contact The Employer Listed Above? \_\_\_\_\_

## REFERRAL SOURCE:

How Did You Find Out About This Position?

1. Medical Center Bulletin Board

2. Newspaper Want Ad

3. Job Service

4. Medical Center Employee

(Name of employee who referred you) \_\_\_\_\_

5. No Knowledge of Opening

6. Other \_\_\_\_\_

## POSITION

Do you have a firm salary requirement?  Yes  No I Require \$ \_\_\_\_\_

Are you applying for  Regular Employment  Temporary Employment \_\_\_\_\_

(How Long)

If hired, approximately when could you begin? \_\_\_\_\_

## LICENSURE INFORMATION

For positions requiring a professional license, list the number and expiration date \_\_\_\_\_

Are you registered in North Dakota?  Yes  No

If not, have you applied for reciprocity?  Yes  No When? \_\_\_\_\_ From what State \_\_\_\_\_

## SKILLS

Please complete the Skills summary sheet included in this application for general skills and office automation skills.

## CERTIFICATION AND AGREEMENT: PLEASE READ BEFORE SIGNING

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I may be removed from the job after appointment. I understand that under Title VII of the Civil Rights Act of 1964 and the North Dakota Human Rights Act, I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, or on the basis of age, physical or mental disability. I further understand that this employment application and other employment related documents I may have been furnished are not contracts of employment; also, that any oral or written statements to the contrary are hereby expressly disavowed. **The employer has my authorization to thoroughly investigate my work, criminal and personal history which is job-related. I certify that I will hold no person, corporation or organization liable for giving or receiving information in this investigation.**

I further understand that if I am employed, such employment is for an indefinite period of time, that either I or the Medical Center can terminate such employment at anytime, and that the Medical Center can change wages, benefits and conditions at anytime.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

RELEASE: Having made application for employment with St. Alexis Medical Center and desiring them to be informed as to my previous record and character, I **hereby authorize St. Alexis Medical Center to investigate my past record and to ascertain any and all information which may concern my record and character**, whether same is of record or not, and release my present and past employers, references, and all persons whomsoever from any damage because of furnishing said information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Should you receive an offer of employment with St. Alexis Medical Center, and accept such offer, prior to your employment date, a physical examination by the Medical Center (at no charge to you) may be completed, or if you wish, you may choose a physician at your own cost. Your employment is contingent upon satisfactorily passing a physical examination prior to employment. In addition, Medical Center policy provides for an orientation period to allow St. Alexis Medical Center to review you and your adjustment to the new position. During this orientation period, you or your supervisors have the freedom of terminating employment at St. Alexis Medical Center without notice. St. Alexis Medical Center operates continuously and you are expected to perform services in accordance with your job description and approved work schedule.

*Thank you for completing this application form and for your interest in employment with St. Alexis Medical Center. We assure you that your opportunity for employment will be based only on your merit, employment history, and academic background.*

## EMERGENCY

Person you want us to notify in case of emergency: (should you be employed)

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

## FOR HUMAN RESOURCE DEPARTMENT USE ONLY

SRI Interview completed by \_\_\_\_\_ (Date) \_\_\_\_\_

Interviewed by \_\_\_\_\_ (Date) \_\_\_\_\_  
(Human Resources)

Interviewed by \_\_\_\_\_ (Date) \_\_\_\_\_  
(Department)

## HUMAN RESOURCE DEPARTMENT

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Scholarship \_\_\_\_\_ Amount: \_\_\_\_\_

Employee No. \_\_\_\_\_ Dept. - Obj - Job \_\_\_\_\_

Position \_\_\_\_\_ Job Sub-Code \_\_\_\_\_

Security Level \_\_\_\_\_ Class Code \_\_\_\_\_

Starting Date \_\_\_\_\_ Work Method \_\_\_\_\_

Shift \_\_\_\_\_ Pay Grade \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ If above mid point need administrative approval

References Sent \_\_\_\_\_ New Employee \_\_\_\_\_

Rehire \_\_\_\_\_ New Position \_\_\_\_\_

Replacement \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ (hrs) Temporary \_\_\_\_\_

Regular Orientation \_\_\_\_\_ Employment Authorization # \_\_\_\_\_

Quarterly Orientation \_\_\_\_\_

Nursing / Nurse Assistant Orientation \_\_\_\_\_

OIG Check \_\_\_\_\_

Sex Offender Registry Check \_\_\_\_\_