

APPLICATION FOR EMPLOYMENT

CLARA CITY CARE CENTER

1012 N Division Street, Clara City, MN 56222

320-847-2221 Email: cccc@hcinet.net

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP
TELEPHONE	PERMANENT ADDRESS	CITY	STATE
TELEPHONE	ZIP	EMAIL ADDRESS	

POSITION APPLYING FOR	
HOW WERE YOU REFERRED TO CLARA CITY CARE CENTER?	DATE AVAILABLE FOR WORK
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Current Staff Person <input type="checkbox"/> Relative <input type="checkbox"/> Walk In <input type="checkbox"/> Other _____	WERE YOU PREVIOUSLY EMPLOYED BY US? WHEN?
If under 18 years old, list age _____	
ALL APPLICANTS ARE SUBJECT TO A BACKGROUND STUDY CONDUCTED BY THE MINNESOTA DEPARTMENT OF HEALTH.	WHAT SHIFTS CAN YOU WORK? <input type="checkbox"/> Days <input type="checkbox"/> Full-time <input type="checkbox"/> Evenings <input type="checkbox"/> Part-time <input type="checkbox"/> Nights <input type="checkbox"/> On-call
ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
AFTER REVIEWING THE FUNCTIONS OF THE JOB YOU ARE APPLYING FOR, IS THERE ANYTHING THAT MIGHT PREVENT OR LIMIT YOU FROM PERFORMING THE DUTIES OF YOUR JOB?	

PERSONAL

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL		GRADE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION \ SKILLS

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY REGISTERED LICENSED CERTIFIED

ELIGIBLE FOR REGISTRATION LICENSURE CERTIFICATION

TYPE	STATE ISSUED	DATE	NUMBER
TYPE	STATE ISSUED	DATE	NUMBER
TYPE	STATE ISSUED	DATE	NUMBER

LIST NAME, ADDRESS, AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST

PREVIOUS EXPERIENCE

JOB TITLE	FROM:	TO:	LAST SALARY/WAGE
EMPLOYER'S NAME	ADDRESS		PHONE:
DUTIES			
REASON FOR LEAVING			
JOB TITLE	FROM:	TO:	LAST SALARY/WAGE
EMPLOYER'S NAME	ADDRESS		PHONE:
DUTIES			
REASON FOR LEAVING			
JOB TITLE	FROM:	TO:	LAST SALARY/WAGE
EMPLOYER'S NAME	ADDRESS		PHONE:
DUTIES			
REASON FOR LEAVING			

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES

REFERENCES

NAME AND RELATIONSHIP	OCCUPATION	TELEPHONE	ADDRESS

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

SIGNATURE

I certify that all information I have provided in order to apply for and secure work with the Clara City Care Center is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the Clara City Care Center's service, whenever it is discovered.

I expressly authorize, Clara City Care Center, its representatives, employees or agents to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Clara City Care Center, its agents, employees or representatives, for seeking gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Clara City Care Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 60 days. At the conclusion of that time, if I have not heard from Clara City Care Center and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and the Clara City Care Center reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as required by law. This application does not constitute an agreement or contract for employment for any specified period of time or definite duration. I understand that no supervisor or representative of Clara City Care Center is authorized to make any assurances to the contrary and that any implied, oral or written agreements contrary to the foregoing express language are void unless they are in writing and are signed by the Administrator of Clara City Care Center

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE ABOVE STATEMENTS.

Signature of applicant _____ Date _____