

**PLEASE COMPLETE ALL SECTIONS AS WELL AS INCLUDE RESUME IF DESIRED. USE INK, PLEASE PRINT.**



Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Last First Mi ( ) ( )

Address: \_\_\_\_\_  
 Street City State Zip

Are you at least 16 years of age?  Yes  No Social Security #: \_\_\_\_\_

**PLEASE READ THOROUGHLY**

Have you ever been charged, convicted, plead guilty or nolo contendere to a crime? This includes all misdemeanors (except parking violations) and felonies. Please be sure to disclose any and all convictions, pleas of guilty and pleas of nolo contendere, even if the conviction or plea has been discharged, expunged or otherwise removed from your record.

Yes  No Date of conviction or plea \_\_\_\_\_ State and County of conviction: \_\_\_\_\_

**Employment desired:**  Full-time (32-40 hrs./wk.)  Part-time (# of hours per week desired \_\_\_\_\_)  Regular  Temporary  Summer only  On call

Referred by: \_\_\_\_\_ Have you ever been employed here before?  Yes  No

Date Available for work: \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_/hr. Position applied for: \_\_\_\_\_

Shifts Desired: Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_ No Preference \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Have you ever been convicted of mistreatment, neglect or abuse of residents, patients or the misappropriation of their property?  Yes  No

Explain nature of abuse/discipline action: \_\_\_\_\_

List other names under which you have been employed: \_\_\_\_\_

**EMPLOYMENT RECORD:** List in order with the most current employment first, include all work history for the past 10 years. Include all military history. If you need additional space, insert a separate sheet or ask for an additional employment record form.

	1.	2.	3.
Name of Company			
Address - Street			
City, State			
Phone (include Area Code)	( ) Salary	( ) Salary	( ) Salary
Your job title	#Hrs. per wk.	#Hrs. per wk.	#Hrs. per wk.
Supervisor			
Summary of job duties and responsibilities			
Dates employed	FROM TO	FROM TO	FROM TO
Reason for leaving			

EDUCATION	Name / Address	Circle last year completed
High School / G.E.D.		9 10 11 12
College		1 2 3 4 5 6
Graduate School		1 2 3 4
Vocational, Technical		
Business, Military, Other		

OFFICE USE ONLY:
Interview date: _____
Wage offered: _____
Start date: _____
Position: _____
OTHER: _____

OTHER EXPERIENCE: If you have had other experience (e.g. volunteer, educational or military) related to the position for which you are applying, please list relevant information below.

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TO BE COMPLETED BY REGISTERED, LICENSED, OR CERTIFIED APPLICANTS.			OFFICE USE ONLY:	FOR POSITIONS REQUIRING DRIVING A MOTOR VEHICLE ONLY:
STATE	CURRENT NO.	EXPIRATION DATE	VERIFICATION	
				Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State and Number _____

REFERENCES: Work or education related. (Please do not list friends or relatives.) TO BE COMPLETED BY ALL APPLICANTS.				OFFICE USE ONLY:
NAME	ADDRESS	PHONE (DAYTIME)	OCCUPATION	REFERENCE REQUESTED
1.		( )		
2.		( )		
3.		( )		

**AGREEMENT** *(Please read thoroughly and sign below)*

I authorize the investigation of my background including all the information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and/or interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

I understand and agree that any offer of employment is dependent upon satisfactory completion of SAMC's pre-employment investigation which includes, but is not limited to, a physical exam, criminal history check, educational and work history verification, reference checks and any investigation required by local, state or federal laws.

I understand that if I am hired by SAMC or any of its affiliates, my employment will be for an indefinite period of time and will be "at will," which means that either I or SAMC may terminate the employment relationship at any time and for any or no reason and that no representative of SAMC has the authority to make any oral promise to me concerning my employment.

Finally, I also understand that while SAMC supports current policies and benefits, it retains the right to change them at any time, with or without notice to me. SAMC is committed to providing a safe, healthy and productive work environment and supports a smoke-free, alcohol-free and drug-free work environment. I understand that SAMC performs random drug testing.

**Mailing Address:**  
**St. Aloisius Medical Center**  
**325 Brewster St. East, Harvey, ND 58341**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date