



APPLICANT INFORMATION

Last Name		First		MI	Social Security# - -
Street Address					Apartment/Unit #
City			State		Zip
Phone () -		Cell/Other Phone # () -		Email Address	
Position(s) applied for				Date of application / /	

Have you submitted an application here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , give date(s) and position(s) __/__/__
Have you ever been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , give dates From __/__/__ To __/__/__
Are you legally eligible for employment in the country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date available for work __/__/__
Will you relocate if job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If necessary, best time to call you at home is __:__ <input type="checkbox"/> am/ <input type="checkbox"/> pm
Will you work overtime if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no , please explain _____
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , work number and best time to call (____)____-____ __:__ <input type="checkbox"/> am/ <input type="checkbox"/> pm
What is your desired salary range or hourly rate of pay?		\$ _____ Per _____

Type of employment desired:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary
Type of work schedule interested in: (check all that apply)	<input type="checkbox"/> Days (1st shift)	<input type="checkbox"/> Evening (2nd shift)
	<input type="checkbox"/> Rotating Shift	<input type="checkbox"/> Weekends <input type="checkbox"/> Nights (3rd shift)

Referral Source (Please check the appropriate category and name the source)

<input type="checkbox"/> Employee	<input type="checkbox"/> School
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other Internet
<input type="checkbox"/> Company's Website	<input type="checkbox"/> Other

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

EMPLOYMENT HISTORY Starting with your most recent employer, provide the following information.

Employer	Telephone #	Month	Year	Month	Year
() -		Dates Employed: to			
Street Address	City	State			
Starting job title/final job title		<input type="checkbox"/> Full-time (40 hours per week) <input type="checkbox"/> Part-time Hours worked per week:			
Immediate supervisor and title (for most recent position held)		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Compensation (Starting)			
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employer	Telephone #	Month	Year	Month	Year
() -		Dates Employed: to			
Street Address	City	State			
Starting job title/final job title		<input type="checkbox"/> Full-time (40 hours per week) <input type="checkbox"/> Part-time Hours worked per week:			
Immediate supervisor and title (for most recent position held)		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Compensation (Starting)			
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
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Immediate supervisor and title (for most recent position held)		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Compensation (Starting)			
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Is there any other job-related information you want us to know about you? _____

Family HealthServices Minnesota, P.A. is an equal opportunity employer. Family HealthServices Minnesota, P.A. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Family HealthServices Minnesota, P.A. to hire me. If I am hired, I understand that either Family HealthServices Minnesota, P.A. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Family HealthServices Minnesota, P.A. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Family HealthServices Minnesota, P.A. true and complete information on this application. No requested information has been concealed. I authorize Family HealthServices Minnesota, P.A. to obtain from all references provided, 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 employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other person, corporations or organizations for furnishing such information about me. If any information I have provided is false, misrepresented or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal from the employer's service, whenever it is discovered.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Signature _____ Date ____ / ____ / ____