



1505 Pebble Lake Road Suite 400, PO Box 824, Fergus Falls, MN 56537
Equal Opportunity/Affirmative Action Employer

Application for Employment

PERSONAL DATA

Name _____ Social Security Number _____
(Last, First, Middle)

Address _____ Phone number _____
Street City State Zip

If under 18, what is your date of birth? _____
Are you a U.S. Citizen? Yes No If no, are you a permanent resident of the U.S.? _____ OR
Does your Arrival and Departure Record grant permission for you to accept employment in the U.S.? _____

POSITION INTERESTS/SKILLS

Position(s) Desired _____ Full Time Part Time
Hours/Days of work desired _____
What computer skills and/or familiarity do you have with WordPerfect, Excel, and Windows?

FORMAL EDUCATION AND TRAINING

	Name/Address	Major	#Yrs attended	Graduated?	
High School				Yes	No
College/Technical				Yes	No

List any special training programs, seminars, etc. that you have attended: _____

Profession or trade registration _____ State _____

Original Registration Number _____ Current Year Renewal Number _____

MILITARY SERVICE

Are you a veteran? Yes No Branch of Service _____ Type of Discharge _____
What special training did you receive while in the military? _____

EMPLOYMENT HISTORY

List all present and past employment, beginning with the most recent (up to 5 years back).

Name/Address (Include Zip Code)	From Month/Year	To Month/Year	Position Title/ Description of Duties	Reason for Leaving	Name of Supervisor
(Most recent) Phone Number:					
 Phone Number:					
 Phone Number:					
 Phone Number:					
 Phone Number:					

If additional employers in the past 5 years, please continue on the next page.

PERSONAL REFERENCES (Not former employers or relatives)

Name/Occupation	Address (include street, city state, zip)	Phone (include area code)

For purposes of checking references, what other names have you been known by: _____

OTHER

Please list any hobbies, interests, experiences, skills, community activities, or special talents you think may be useful in evaluating your possibilities for employment. _____

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor involving theft or dishonesty? Yes No

Date _____ Where _____ Type of Offense _____

Continuation of past employment information:

Name/Address (Include Zip Code)	From Month/Year	To Month/Year	Position Title/ Description of Duties	Reason for Leaving	Name of Supervisor
Phone Number:					
Phone Number:					
Phone Number:					

PLEASE READ CAREFULLY AND SIGN

I certify that all the information in this application is true and correct, and I understand that any misrepresentation or concealment of any facts or information will be cause for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Lakeland Hospice & Home Care. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I authorize Lakeland Hospice & Home Care to check my statements, schools, current and past employers, and all references received via this application and potential interview process.

Date _____ Applicant's Signature _____

REFERENCE RELEASE FORM:

Please sign the release form below. Thank you.

I have made application for employment with Lakeland Hospice & Home Care and hereby authorize you to furnish to Lakeland Hospice & Home Care any information you may have available concerning my past or present employment with your organization, my scholastic background and training, or as a personal reference. I hereby release you from any and all liability resulting from such release.

A photocopy of this release shall be treated in the same manner as the original.

Signature _____ Date _____

THIS APPLICATION WILL REMAIN ACTIVE FOR 2 YEAR FROM THE DATE OF APPLICATION.

This agency is in compliance with Title VI of the Civil Rights Act of 1964, with the Section 504 of the Rehabilitation Act of 1973 and with Age Discrimination Act of 1975. We do not discriminate on the basis of race, color, religion, sex, national origin, age or disability with regard to admission, access to treatment or employment. We will make every effort to comply with these and similar statutes.

8/1/2006
Rev 6/07
Rev 1/09
Rev 6/09