

Mercy Medical Center

1301 15th Avenue West • Williston, ND 58801-3896
Phone (701)774-7454 • Fax (701) 774-7670

APPLICATION FOR EMPLOYMENT

(For HR use only) Last Name:

AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, qualified disability, or any other protected status. Qualified applicants are considered for employment according to the laws of the respective state of employment.

(Please complete application by typing or printing clearly in ink)

Date of Application: _____ Date Available for Employment: _____

INSTRUCTIONS: Applicants must furnish complete and accurate information. Incomplete applications will not be considered for employment. In case of resume, fill out complete application and attach resume to back.

First Name:

PERSONAL INFORMATION

Name: _____
Last Name *First Name* *Middle Initial*

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ E-mail Address: _____

What type of employment are you interested in? Full Time Part Time Evenings Casual Weekends
(circle all that apply)

Position/Dept. applied for: _____ Referred By: _____

Expected Rate of Pay \$ _____

Have you ever been employed by Mercy Medical Center? Yes No When: _____ Name: _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

A criminal conviction does not by itself constitute an absolute bar to employment. Mercy Medical Center will examine the nature of the conviction record, subsequent rehabilitation, and the responsibilities of the position sought in making each employment decision.

M.I.: Dept:

Date of Hire:

EDUCATIONAL SKILLS

School	Name and Address of School	Course of Study	Place an "X" under Year Completed				Did you Graduate?	List Diploma or Degree
			1	2	3	4		
High			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
College			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
College			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
College			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If you have pursued other courses of study, state fully what courses: i.e. Workshops, Seminars, Correspondence, etc.		Name and Complete Address of Schools					Certificate or Number of Credits earned	

SKILLS & QUALIFICATIONS *(Acquired through volunteer or previous employment)*

Please list any special skills and qualifications that you would like us to consider for employment: _____

List job-related equipment operated: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Please check all that apply:

- Are you currently: Registered Licensed Certified
- Eligible for: Registration Licensure Certification

Type	State Issued	Date	No.
Type	State Issued	Date	No.
Type	State Issued	Date	No.
Type	State Issued	Date	No.

WORK HISTORY/BACKGROUND (Begin with most recent employer)

Dates	Name/Address of Employer	Phone #	Rate of Pay
From		Name & Title of Supervisor	Starting Wage \$
To		Your Position	Leaving Wage \$
		<input type="radio"/> FT <input type="radio"/> PT	

Describe in detail your duties:

Reason for leaving:

Dates	Name/Address of Employer	Phone #	Rate of Pay
From		Name & Title of Supervisor	Starting Wage \$
To		Your Position	Leaving Wage \$
		<input type="radio"/> FT <input type="radio"/> PT	

Describe in detail your duties:

Reason for leaving:

Dates	Name/Address of Employer	Phone #	Rate of Pay
From		Name & Title of Supervisor	Starting Wage \$
To		Your Position	Leaving Wage \$
		<input type="radio"/> FT <input type="radio"/> PT	

Describe in detail your duties:

Reason for leaving:

Dates	Name/Address of Employer	Phone #	Rate of Pay
From		Name & Title of Supervisor	Starting Wage \$
To		Your Position	Leaving Wage \$
		<input type="radio"/> FT <input type="radio"/> PT	

Describe in detail your duties:

Reason for leaving:

“I hereby authorize all of my former employers, school officials and other persons with whom I have been professionally associated with as reference to give to MERCY MEDICAL CENTER any information that they may have regarding my employment record, together with any information they may have regarding me whether or not such information is on their records. I hereby release said companies and individuals from any liability for any damages whatsoever resulting from the giving of such information.”

Dated: _____ Signature: _____

APPLICANT’S CERTIFICATION

I certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements would render this application void and is sufficient cause for immediate dismissal in the event of employment.

If a conditional offer of employment is made, employment is contingent upon satisfactory completion of all pre-employment procedures including reference checks, criminal background check and physical examination.

I agree to conform to the rules and regulations of Mercy Medical Center and acknowledge that these rules and regulations may be changes, interpreted, withdrawn, or added to by Mercy Medical Center at anytime and without prior notice to me. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Mercy Medical Center and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Corporation unless expressly made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, and Mercy Medical Center retains a similar right regarding the discontinuation of my employment. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a physical or mental handicap or disability, or any characteristic protected by law. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related factors.

Dated: _____ Signature: _____