

APPLICATION FOR EMPLOYMENT

Traverse Care Center
303 7th Street South
Wheaton, MN 56296
(320) 563-8124

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

The information requested on this application is intended to be used by the Traverse Care Center in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However failure to provide complete, accurate information may result in the facility being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the facility may be unable to provide the necessary accommodations if you do not provide the information. The information on this application which is classified as private data under the Minnesota purposes or as otherwise required by state or federal law.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:	
		Date Available to Begin Employment:	
How Did You Learn About Us?			
Advertisement _____	Friend _____	Inquiry _____	
Employment Agency _____	Relative _____	Other _____	
Last Name:		First:	Middle Name:
Address:		City:	State: Zip Code:
Telephone Number:		Social Security Number:	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No	
Have you ever filed an application with us before?	Yes	No	
If Yes, give date _____			
Have you ever been employed with us before?	Yes	No	
If Yes, give date _____			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes	No	
<i>Proof of citizenship or immigration status will be required upon employment</i>			
What is your desired salary range?			

Employer:	<u>Dates Employed</u>	<u>Work Performed</u>	
Address:		<u>From:</u>	<u>To:</u>
Telephone Number(s):			
Starting/Present Job Title:	<u>Hourly Rate/Salary</u>		
Supervisor:		<u>Starting:</u>	<u>Final:</u>
Reason for Leaving:		May We Contact: Yes No	

Employer:	<u>Dates Employed</u>	<u>Work Performed</u>	
Address:		<u>From:</u>	<u>To:</u>
Telephone Number(s):			
Starting/Present Job Title:	<u>Hourly Rate/Salary</u>		
Supervisor:		<u>Starting:</u>	<u>Final:</u>
Reason for Leaving:		May We Contact: Yes No	

Comments: Include explanation of any gaps in employment.

List/describe any other training and/or experience relevant to the position for which you are applying:

Do you have any special needs which may necessitate accommodations in the application/interview process?	Yes	No
If yes, please describe the type of accommodation requested:		

CRIMINAL BACKGROUND INFORMATION

Traverse Care Center will request information regarding criminal history in the event that you become a finalist for the position which you are applying. Criminal background information will be requested during the application stage. Further Traverse Care Center will conduct a criminal background check on individuals upon making a contingent job offer.

Have you ever been convicted (or charged) with a misdemeanor or a felony?	Yes	No
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Were you convicted and/or did you plead guilty?	Yes	No
Give the date, city, state, and county where convicted:		
LICENSURE/SPECIAL SKILLS Please complete all areas that pertain to the position for which you are applying.		
MN RN/LPN Professional Registration/License Number: Expiration Date:		
Other states where currently or formerly registered:		
Nursing Assistant Certification:	Yes	No
Are you on the Registry	Yes	No
Other states where currently or formerly registered:		
Driver's License Number:		
Social Worker License Number:		
Boiler's/Engineer (1 st Class Grade C) License Number:		
Business machines you can operate:		
Computer knowledge/Use and Typing Speed:	_____ words per minute.	
Other skills and abilities:		
Please include any other information you think would be helpful to us in considering you for employment, such as activities, volunteer experiences, accomplishments, etc. (Please exclude all information indicative of age, sex, race, religion, color, national origin, and handicap.)		

VETERAN STATUS			
Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points?	Yes	No	
Do you wish to claim Veteran's Preference Points?	Yes	No	
<p>If you are disabled veteran and wish to claim additional points, please check here:</p> <p>If yes, an additional form needs to be filled out. Please ask the Administrator for this form.</p>			
PERSONAL STATEMENT			
Please indicate why you are interested in the position and what you hope to accomplish if selected:			
PERSONAL/PROFESSIONAL REFERENCES			
Do not include family members or past supervisors.			
	Name and Address	Telephone Number	Occupation
1.			
2.			
3.			
Person to be notified in case of emergency:			
Name			
Address			
Telephone Number			
APPLICANT'S STATEMENT			
I certify that the answers given herein are true and complete.			
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.			
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at that time.			
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.			
In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules of the employer.			
Signature of Applicant:	Date:		

