

List subjects of special study, research work or training:	List honor societies and academic recognition:
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EMPLOYMENT HISTORY

PLEASE ACCOUNT FOR ALL PERIODS OF EMPLOYMENT. START WITH YOUR PRESENT OR MOST RECENT POSITION AND INCLUDE MILITARY SERVICE. A RESUME MAY BE ATTACHED TO SUPPLEMENT INFORMATION. ATTACH ADDITIONAL SHEETS AS NECESSARY, IF YOU NEED MORE SPACE. INFORMATION REQUESTED BELOW MUST BE COMPLETED.

NAME OF EMPLOYER STATE		ADDRESS		CITY		AREA CODE/TELEPHONE	
DATE STARTED	STARTING SALARY/WAGE \$ PER HR/YR		STARTING POSITION		MAY WE CALL YOU AT THIS NUMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE ENDED	ENDING SALARY/WAGE \$ PER HR/YR		PRESENT POSITION		MAY WE CONTACT THIS EMPLOYER PRIOR TO ANY OFFER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND TITLE OF SUPERVISOR:			REASON FOR LEAVING:				
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES (INCLUDE NUMBER OF EMPLOYEES YOU SUPERVISED, IF APPLICABLE)							
DATE OF LAST SALARY INCREASE:							
NAME OF EMPLOYER STATE		ADDRESS		CITY		AREA CODE/TELEPHONE	
DATE STARTED	STARTING SALARY/WAGE \$ PER HR/YR		STARTING POSITION		MAY WE CALL YOU AT THIS NUMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE ENDED	ENDING SALARY/WAGE \$ PER HR/YR		PRESENT POSITION		MAY WE CONTACT THIS EMPLOYER PRIOR TO ANY OFFER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND TITLE OF SUPERVISOR:			REASON FOR LEAVING:				
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES (INCLUDE NUMBER OF EMPLOYEES YOU SUPERVISED, IF APPLICABLE)							
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DATE STARTED	STARTING SALARY/WAGE \$ PER HR/YR		STARTING POSITION		MAY WE CALL YOU AT THIS NUMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE ENDED	ENDING SALARY/WAGE \$ PER HR/YR		PRESENT POSITION		MAY WE CONTACT THIS EMPLOYER PRIOR TO ANY OFFER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND TITLE OF SUPERVISOR:			REASON FOR LEAVING:				

BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES (INCLUDE NUMBER OF EMPLOYEES YOU SUPERVISED, IF APPLICABLE)

DATE OF LAST SALARY INCREASE:

DATES		COMPANY NAME	STREET ADDRESS, CITY, STATE AND ZIP	YOUR TITLE
FROM	TO			

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY: REGISTERED LICENSED CERTIFIED

ELIGIBLE FOR: REGISTERED LICENSED CERTIFICATION

IF LICENSED, REGISTERED OR CERTIFIED PLEASE COMPLETE THE FOLLOWING:

Type: _____ State Issued: _____ Date: _____ No. _____

Type: _____ State Issued: _____ Date: _____ No. _____

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

Spreadsheets List types used: _____

Word Processor _____

Typewriter List speed: _____

Calculator Ten Key Ability by touch by sight

Telephone Switchboard

Other Describe: _____

COMPLETE ONLY IF POSITION REQUIRES DRIVING A COMPANY VEHICLE.

ARE YOU A LICENSED DRIVER? YES NO TYPE OF LICENSE: Class _____

PLEASE LIST AND DESCRIBE ANY PAID OR UNPAID ACTIVITES, HONORS, EXPERIENCE OR TRAINING THAT MIGHT AID YOU IN PERFORMING THE JOB FOR WHICH YOU HAVE APPLIED, AND NOT BEEN LISTED PREVIOUSLY IN THIS APPLICATION. (YOU MAY OMIT AND ACTIVITIES, HONORS, MEMBERSHIPS OR OTHER ITEMS WHICH TEND TO IDENTIFY YOUR RACE, SEX, NATIONAL ORIGIN, AGE, DISABILITY OR OTHER PERSONAL TRAITS YOU PREFER NOT TO DISCLOSE.) _____

REFERENCES

IMPORTANT: LIST PEOPLE OTHER THAN RELATIVES WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE.

NAME POSITION BUSINESS ADDRESS AREA CODE/TELEPHONE

1. _____
2. _____
3. _____

APPLICANT: PLEASE READ AND SIGN THIS ACKNOWLEDGMENT TO COMPLETE APPLICATION FOR EMPLOYMENT

ACKNOWLEDGMENT

1. I understand that any offer of employment made to me will be in writing and contingent upon successful completion of a physical examination if required for the position(s) for which I am applying. I understand that I may be subject to a follow-up medical examination if the follow-up examination is medically related to the previously obtained medical information and needed to determine reasonable accommodation.
2. I authorize this organization to make any investigation deemed necessary for employment consideration, promotion or transfer within the organization. I understand that this includes, but is not limited to criminal background check and motor vehicle driving records. I authorize all persons, schools, employers and law enforcement authorities to release any information concerning my background, including all information contained in this application and information provided in the interview. I hereby release any said persons, schools, employers and law enforcement authorities from all liability in responding to inquiries in connection with my application for employment.
3. I understand that as part of my application for employment and that at any time during the course of such employment, I may be required to be examined concerning my ability to perform my job in a manner that does not endanger my own health or safety or the health or safety of others.
4. I authorize all providers of health care who examine me pursuant to company requirements to disclose to my employer or any of its agents, all medical information revealed during such examinations. I understand this Authorization will remain valid for five (5) years from the date of this application, and that if I become employed this Authorization will remain in effect for one (1) year after my employment terminates.
5. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and the pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any offer of employment will be withdrawn and if employed, I may be subject to dismissal.
6. If selected for employment, I will comply with the safety, work and attendance policies of my employer.
7. I understand that any offer of employment is contingent upon presentation on my start date of acceptable proof of identity and right to work in the United States.
8. I understand that if company policy requires, I am willing to submit to drug and alcohol testing.
9. I understand this employment application is not to be construed as a guarantee of employment for a specific time. I understand that if I am selected, my employment with this organization will not constitute any form of contract, implied or expressed, and such employment is "at-will" which means that either I or Madison Healthcare Services may terminate the employment relationship at any time and for any or no reason. If hired, my "at-will" employment status may only be changed by a written employment agreement signed by an authorized representative. No Madison Healthcare Services supervisor or department head has the authority to offer or promise anything other than "at-will" employment.

By my signature, I acknowledge having read and understand the above statements and I confirm that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete. Again, I understand that any false or misleading information or significant omissions will disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date. I agree to immediately notify my employer if I should be convicted of a felony or any crime while my

job application is pending, or during my period of employment, if hired. I also understand that I have the right to receive a copy of this acknowledgment should I request a copy.

Date: _____ Signature: _____
(Do Not Print)

AFFIRMATIVE ACTION SURVEY

An Equal Opportunity, Affirmative Action Employer

PLEASE READ CAREFULLY

Applicants are considered for all positions and employees are treated equitably during their employment without regard to their race, color, creed, religion, sex, national origin, age, marital status, affectional preference, disability, military status or status with regard to source of income.

As an employer taking affirmative action to ensure the removal of any possible discrimination and to help comply with governmental record-keeping requirements, we would appreciate your completing this form. However, **COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY.** The data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file **SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.** Failure to supply this information will not jeopardize or adversely affect and consideration you may receive for employment, or later advancement in employment.

Date: _____ Position(s) Applied For: _____

Name: _____ Phone: _____
Last First MI

Address: _____
Street City State Zip

Social Security #: _____ Gender: Male Female

How were you referred?

Newspaper Ad: _____ College/Technical: _____
(Name) (Name)

Employee/ Former Employee: _____ Walk-in
(Name)

Community Agency Referral: _____ Minnesota Job Service
(Name)

Other: _____
(Please describe)

Race/Ethnic Group

Caucasian (not of Hispanic origin) - persons having origins in any of the original people of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin) - persons having origins in any of the Black racial groups of Africa.

Hispanic - persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Native American Indian or Alaskan Native (not of Hispanic origin) - persons having origins in any of the original people of North America and who maintain cultural identification through tribal or community affiliation

Asian or Pacific Islander - persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-Continent or the Pacific Islands. Includes for example: China, Japan, Korea, the Philippine Island and Samoa.

Disability Status

Are you a person with disability?

Yes

No

*This form is not used for employment decisions. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.