

"Providing the Highest Quality Primary Healthcare"
COOK HOSPITAL AND NURSING HOME 10 SE 5th Street, Cook, Minnesota 55723
 Telephone 218-666-5945
-Member of Minnesota Wilderness Healthcare Coalition-

Application for Employment

Position applied for _____ Date of application _____

Name _____ Social Security Number _____ - _____ - _____
 Last First Middle Initial

Address _____
 Street City State Zip Code

Telephone Number (Home) () _____ (Business) () _____

1. Have you been employed here previously? _____ Yes ___ No ___
2. Are you legally eligible for employment in this country? _____ Yes ___ No ___
(Proof of U.S. Citizenship or immigration status will be required upon employment)
3. Date available for work _____ (Month, Date, Year) ____/____/____
4. Type of work desired: Full-time ___ Part-time ___ Temporary ___ Casual ___ Other ___
5. Have you ever been convicted of a felony? Yes ___ No ___
6. Drivers License Number (if required by job) _____ State _____
7. Are you over the age of 16? Yes ___ No ___ (If you are under 18, you will be required to furnish proof of age when hired)

List name, address, and phone number of previous employers with most recent employer first. The following employers will be contacted for references.

From _____ To _____ Job Title _____ Last Salary _____ Hourly, monthly, or yearly

Employer _____ Address _____ City _____ State/Zip _____

Duties: _____

Immediate Supervisor: _____ Phone # _____ Reason for Leaving _____

From _____ To _____ Job Title _____ Last Salary _____ Hourly, monthly, or yearly

Employer _____ Address _____ City _____ State/Zip _____

Duties: _____

Immediate Supervisor: _____ Phone # _____ Reason for Leaving _____

From _____ To _____ Job Title _____ Last Salary _____ Hourly, monthly, or yearly

Employer _____ Address _____ City _____ State/Zip _____

Duties: _____

Immediate Supervisor: _____ Phone # _____ Reason for Leaving _____

Equal Employment Opportunity Employer

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the Cook Hospital

MILITARY

Branch of Service _____ Date Entered _____ Date of Discharge _____
 Are you a member of any Military Reserve Unit? ___ Yes ___ No If yes, give Name _____

EDUCATION

School	Name & Address of School	Course of Study	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree
High			10 11 12	__ Yes	
				__ No	
College			1 2 3 4	__ Yes	
				__ No	
College			1 2 3 4	__ Yes	
				__ No	

PROFESSIONAL LICENSES AND/OR CERTIFICATES

Are you currently: Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified <input type="checkbox"/>				
If Registered, Licensed, or Certified	Type	State Issued	Date	No.

REFERENCES (Please include **one former employer**, preferably within the field for which you are applying)

Name	Address, City, State & Zip Code	Telephone	Years Known

It is the policy of the Cook Hospital and Nursing Home to afford equal opportunity to all employees and applicants for employment without regard to age, disability, race, religion, color, sex, sexual orientation, national origin, marital status, or status with regard to public assistance and any other legally protected status.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I also understand and agree that if I have applied for a position requiring direct patient contact, I will be subject to a criminal background check as required by the Minnesota Vulnerable Adults Act. I understand and agree that if such criminal background check causes me to be disqualified from direct patient contact, I will not be hired by the Cook Hospital and Nursing Home, or if already hired, my employment will be terminated.

I give the employer the right to investigate all references and to secure information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information all other persons, corporations or organizations for furnishing such.

Signature _____ Date _____ / _____ / _____

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Having made application for employment at the Cook Hospital and Nursing Home and desiring them to be informed of my previous work record and character, I hereby authorize the facility to investigate my past records and to ascertain any and all information which may concern my past record and character, and release my present and past employers, references and all persons whosoever from any damage because of furnishing said information.

I also acknowledge that the Cook Hospital and Nursing Home, as my potential employer, is required by State Statute Section 144.057 Chapter 245A.04, subdivision 3 and Chapter 144A to perform a **Criminal Background Study** for the purpose of eligibility for employment.

I hereby authorize and grant my informed consent to permit the Minnesota Department of Human Services, Division of Licensing, and the Minnesota Department of Health to release and make available to the Cook Hospital and Nursing Home data concerning my background study for the purposes of employment. This signature is valid for the period of employment consideration by the Cook Hospital and Nursing Home.

If I am applying as a non-Minnesota resident, the facility may opt to request a Federal check. This will require a separate consent form to be signed.

Signature of Applicant

Date

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COOK HOSPITAL AND NURSING HOME POLICY

NONDISCRIMINATION ON BASIS OF HANDICAP

In furtherance of our nation's commitment to end discrimination on the basis of handicap, and in accordance with the provisions of section 504 of the Rehabilitation Act of 1973 and all regulations properly issued thereunder to protect the rights of handicapped persons, it is this Hospital's policy that:

No program, activity, employment and/or treatment administered by Cook Hospital and Nursing Home which receives Federal financial assistance shall exclude from participation, deny benefits to or subject to discrimination any individual solely by reason of his or her handicap.

The Director of Human Resources has been designated as the coordinator of our program and procedures for implementation of this policy.

Al Vogt, Administrator

Dated: March 1989

Revision: October 1993, April 2004

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10 Fifth Street S.E.
Cook, MN 55723
218/666-5945

DRUG AND ALCOHOL TESTING CONSENT FORM

1. I have been allowed to read and inspect a written copy of the Drug Free Workplace Policy.
2. I have read the entire contents of this policy and I am aware and fully understand:
 - a. the policy and its contents;
 - b. what conduct the policy prohibits and the consequences of such conduct;
 - c. my rights under the policy and the consequences if I exercise certain rights; and
 - d. that certain events as described in the policy may result in adverse personnel action, including the termination of my employment.
3. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.
4. I hereby voluntarily consent to Cook Hospital or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by the Cook Hospital may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to the Cook Hospital of the results of my drug and/or alcohol test and other information related to the test.

Applicant/Employee

Date