



Application For Employment

10 Fifth Street SE 218-666-5945 Phone
Cook, MN 55723 218-666-6235 Fax

Today's Date: _____
Position Desired: _____

PERSONAL INFORMATION

Last Name		First	MI	Date of Application	
Street Address:		City/State/Zip		Home Phone	Mobile Number
Email Address:			Are you 16 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you entitled to work in the United States Yes <input type="checkbox"/> No <input type="checkbox"/>			How did you hear about this position?		
Pay expected:					
Date Available:		Previously employed with us and what position?			
Describe your career interests and objectives: _____					

PRIOR WORK EXPERIENCE

① Company			Dates of Employment		Examples of Duties
Street Address			From	To	
City	State	Zip	Title		
Telephone			Starting Salary		Reason for leaving
Name of Supervisor			Ending Salary		
② Company			Dates of Employment		Examples of Duties
Street Address			From	To	
City	State	Zip	Title		
Telephone			Starting Salary		Reason for leaving
Name of Supervisor			Ending Salary		
③ Company			Dates of Employment		Examples of Duties
Street Address			From	To	
City	State	Zip	Title		
Telephone			Starting Salary		Reason for leaving
Name of Supervisor			Ending Salary		

EDUCATION

Do you have a high school diploma or GED?

☐ Yes☐ No

Circle highest

High School

College

Post Graduate

grade completed

7 8 9 10 11 12

13 14 15 16

1 2 3 4

Name/Location**Year Completed****Degree****Major**

High School

College/University

Trade School

Other

Skills or training

CREDENTIALS

If Registered, Certified or Licensed:

State

Year

Current Number

Type

Expiration Number

Other

EDUCATION

List any seminars, workshops, etc. that may relate to this position. Also list any Licenses or certificates that relate to the position. _____

List an other knowledge, ability, skills or experience which in your opinion qualifies you for this position.

PROFESSIONAL REFERENCES

Name

Relationship

Phone

Years Acquainted

Optional EEO Information

We are an Equal Opportunity Employer encouraging diversity in the workplace. All qualified applicants will receive consideration for employment without regard to race, national origin, gender, age, religion, disability, sexual orientation, veteran status or marital status.

Providing this information is voluntary. We ask for this information to meet government reporting regulations. Any information you voluntarily provide is confidential and will not be considered in making any employment decision. If you choose not to complete this form, it will not affect your being considered for employment.

GENDER

- ☐ Female
- ☐ Male

RACE

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ I prefer not to answer

Veteran Status

Are you a protected Veteran?

Protected veteran means a veteran who is protected under the non-discrimination and affirmative action provisions of the Act; specifically, a veteran who may be classified as a "disabled veteran", "recently separated veteran", "active duty wartime or campaign badge veteran", or an "Armed Forces service medal veteran", as defined by this section.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- ☐ I identify as one or more of the classifications of protected veteran listed above
- ☐ I am not a protected veteran
- ☐ I prefer not to answer

READ CAREFULLY BEFORE SIGNING

I hereby certify that the foregoing information is true and accurate to the best of my knowledge. If employed, I understand any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand that if I am hired by Cook Hospital & Nursing Home my employment will be contingent upon the satisfactory completion and review of a physical examination/screening.

I voluntarily give Cook Hospital & Nursing Home to make a thorough investigation of my past relevant employment and/or education history. I hereby authorize my previous schools, employers and persons I have associated with, permission to furnish Cook Hospital & Nursing Home with information concerning my employment and education background which they may have on record.

I release from liability or any claim for damages any party which which I have authorized to furnish about me to Cook Hospital & Nursing Home.

Applicant Signature

Date



10 Fifth Street SE, Cook, MN 55723

Job Application
CRIMINAL BACKGROUND STUDY RELEASE

CURRENT NAME

Last: _____ First: _____ Middle: _____

Other FIRST names you have used: _____

Other LAST names you have used: _____

CONTACT INFORMATION

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Home Phone: __ (____) _____ Cell Phone: __ (____) _____

OTHER

Birth Date: _____ / _____ / _____ Gender: ☐ Male ☐ Female

Social Security Number: _____ - _____ - _____

Minnesota Driver's License/State ID Number (if any): _____

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 to and make available to the Cook Hospital and Nursing Home data concerning my background study for purposes of employment. This authorization is valid for the length of employment at this facility.

Employee Signature: _____ Date: _____

Human Resources Director Signature: _____

Date: _____