CMH Community Memorial Hospital

Community Memorial Hospital
Human Resources
512 Skyline Boulevard
Cloquet, MN 55720
218.879.4641
www.cloquethospital.com

Community Memorial Hospital (CMH) welcomes you as an applicant for employment. Résumés are accepted but are not a substitute for this application. Applications must be **complete** for consideration. Acceptance of your application for employment by CMH does not imply that you will be hired and should not be construed as a contract or promise of employment. Your application for employment will be considered current for six months from the date it was received.

Employment Application

An Equal Opportunity and Affirmative Action Employer.

PLEASE PRINT IN INK OR TYPE; COMPLETE ENTIRE APPLICATION

Date of Application:

CONTACT INFORMATION

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
E-mail Address		Social Security #	
Home Phone ( )	Alternative Phone ( )		

JOB INTEREST

Posting Number applying for	Job Title (limit one; employment applications remain active for 6 months from receipt)
Number of Hours ☐ Full Time ☐ Part time ☐ On call	Shifts Available ☐ Days ☐ Afternoons ☐ Nights ☐ Any
Salary requirements	Days of week available? ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

EMPLOYMENT ELIGIBILITY

Have you ever worked for Community Memorial Hospital? ☐ No ☐ Yes ►	Are you eligible for rehire? ☐ No ☐ Yes	Do you understand that Community Memorial Hospital is a tobacco, drug and alcohol free campus? ☐ No ☐ Yes
Your name while working here	Hire date	Termination date
Job Title	Department	Supervisor

Are any of your relatives presently employed with Community Memorial Hospital?

☐ No ☐ Yes ► Name, Relationship, Department:_____

Are you 18 years of age or older? ☐ Yes ☐ No ► If no, what is your age: _____	Are you legally authorized to work in the United States? ☐ Yes ☐ No ► *If hired, you will be required to show proof.*

NOTICE TO APPLICANT

Should you be offered a position within Community Memorial Hospital you will be required to complete a background investigation. On a separate form, you will be asked to respond to questions related to any conviction or plea of guilty or nolo contendere to a petty misdemeanor, gross misdemeanor or felony. Conviction of a crime does not automatically disqualify you for employment, however it may impact the job that is appropriate for you within Community Memorial Hospital.

Are you currently a temporary or contract employee working at Community Memorial Hospital?

☐ No ☐ Yes ► Name of Agency:_____ Department:_____

REFERRAL SOURCE (Check all that apply)

☐ Employee referral _____	☐ CMH Posting Board	☐ School _____
☐ Job Fair _____	☐ CMH Web-site	☐ Radio _____
☐ Agency _____	☐ CMH Job Hotline	☐ Minnesota Job Bank
☐ Newspaper ad _____	☐ Telephone Inquiry/walk-in	☐ Other _____

FOR OFFICE USE ONLY

Posting Number	Applicant Number
Interview dates	Code

EMPLOYMENT RECORD

Starting with your PRESENT or most RECENT Employer, please list all jobs you have had including experience in the military. Do not omit work experience just because it may be unrelated to the job for which you are applying. Attach an additional sheet if necessary

PLEASE COMPLETE THIS SECTION EVEN IF YOU ARE PROVIDING A RÉSUMÉ.

Name of present or last employer

Employer's street address	City	State	Zip

From: ______/______/______ To: _____/______/______	☐ Part time ☐ Full time	Avg. hours/week	Job title

Description of duties

Reason(s) for leaving	Are you eligible for rehire? ☐ Yes ☐ No

May we contact?
☐ No ► If No, why?____

Your name when working there (*first, middle, last*)

☐ Yes ► If Yes, Supervisor's name ____

Phone and extension

Final Pay $_______________ Circle one hr wk yr

Name of last employer

Employer's street address	City	State	Zip

From: ______/______/______ To: _____/______/______	☐ Part time ☐ Full time	Avg. hours/week	Job title

Description of duties

Reason(s) for leaving	Are you eligible for rehire? ☐ Yes ☐ No

May we contact?
☐ No ► If No, why?____

Your name when working there (*first, middle, last*)

☐ Yes ► If Yes, Supervisor's name ____

Phone and extension

Final Pay $_______________ Circle one hr wk yr

Name of last employer

Employer's street address	City	State	Zip

From: ______/______/______ To: _____/______/______	☐ Part time ☐ Full time	Avg. hours/week	Job title

Description of duties

Reason(s) for leaving	Are you eligible for rehire? ☐ Yes ☐ No

May we contact?
☐ No ► If No, why?____

Your name when working there (*first, middle, last*)

☐ Yes ► If Yes, Supervisor's name ____

Phone and extension

Final Pay $_______________ Circle one hr wk yr

Name of last employer

Employer's street address	City	State	Zip

From: ______/______/______ To: _____/______/______	☐ Part time ☐ Full time	Avg. hours/week	Job title

Description of duties

Reason(s) for leaving	Are you eligible for rehire? ☐ Yes ☐ No

May we contact?
☐ No ► If No, why?____

Your name when working there (*first, middle, last*)

☐ Yes ► If Yes, Supervisor's name ____

Phone and extension

Final Pay $ Circle one hr wk yr

EDUCATION

SCHOOLS ATTENDED	NAME OF SCHOOL AND LOCATION	DID YOU GRADUATE?	CHECK ONE BOX	GRADE POINT AVERAGE	
HIGH SCHOOL	Name of School City and State Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12	☐ No ☐ Yes ☐ Currently Enrolled	☐ Diploma ☐ GED		Major course of study Your name while attending
TECHNICAL VOCATIONAL BUSINESS OR MILITARY TRAINING	Name of School City and State	☐ No ☐ Yes ☐ Currently Enrolled	Assoc. ☐ Degree ☐ Diploma ☐ Certificate		Degree/Major Your name while attending
COLLEGE OR UNIVERSITY	Name of School City and State	☐ No ☐ Yes ☐ Currently Enrolled	☐ Degree ☐ Certificate		Degree/Major Your name while attending
GRADUATE SCHOOL	Name of School City and State	☐ No ☐ Yes ☐ Currently Enrolled	☐ Degree ☐ Diploma ☐ Certificate		Degree/Major Your name while attending

To be completed by Registered/Licensed/Certified applicants – list all active and expired.

License/Certification	State	License/Certification #	Expiration date
License/Certification	State	License/Certification #	Expiration date
License/Certification	State	License/Certification #	Expiration date
License/Certification	State	License/Certification #	Expiration date

Are there any restrictions to your license(s)?

☐ No ☐ Yes ► If Yes, explain:_____

Is your license now or has it ever been under investigation or encumbered in Minnesota or any other state?

☐ No ☐ Yes ► If Yes, explain:_____

Are you CPR Certified?	Are you ACLS Certified?
☐ No ☐ Yes ► Certification date _____/_____/_____	☐ No ☐ Yes ► Certification date _____/_____/_____

Nursing Assistants – Are you on the Minnesota Registry?

☐ No ☐ Yes ► *If hired, you will be asked to provide proof of licensure.*

REFERENCES – To be completed by all applicants

LIST WORK OR EDUCATION – RELATED REFERENCES. DO NOT LIST FRIENDS OR RELATIVES.

NAME	ADDRESS	DAYTIME PHONE	RELATIONSHIP

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Agreement and Applicant Release

I understand that the information on this application has been requested for the purpose of evaluating my qualifications for employment and that this document, or any item discussed regarding employment, does not constitute a contract or promise of employment. I affirm that the information provided in my application, résumé and interview is true and correct to the best of my knowledge.

I authorize Community Memorial Hospital to investigate my background including all the information contained in my application and information I provide in the interview.

I understand and agree that any offer of employment is dependent upon my satisfactory completion of Community Memorial Hospital's pre-employment investigation, which may include but is not limited to a pre-placement health assessment; verification of current work authorization in the United States; criminal history check; Office of the Inspector General check; work history verification; reference checks and any other investigations required by the position for which I am applying or mandated by local, state or federal laws. I waive and release any and all claims, including but not limited to claims of defamation, libel and slander, that I may have against any such individual or company as a result of their compliance with Community Memorial Hospital's request for information.

I authorize all educational institutions I have attended to provide Community Memorial Hospital with all information which it seeks related to the dates of my attendance, the degrees I have named, the courses I have taken, my grades and related matters. I waive and release any and all claims I may have against these institutions as a result of their compliance with Community Memorial Hospital's request for information.

I understand that Community Memorial Hospital is a Tobacco, Drug, and Alcohol Free Campus.

By signing below, I am affirming my understanding and acknowledgment of support in all items addressed in this document. I further understand that if I am hired by Community Memorial Hospital and I am not covered by a collective bargaining agreement containing a contrary provision, my employment will be "at will", which means that either Community Memorial Hospital or I may terminate the employment relationship at any time for any reason. I further understand that, if hired, my "at will" employment may only be changed in a written document signed by the CEO/Administrator of Community Memorial Hospital (or designee), and that no representative of Community Memorial Hospital has the authority to make any oral promise to me concerning my employment.

I hereby certify that all the statements and answers set forth on the application form and/or my résumé are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or that information has been omitted, such false statements or omissions may be cause for rejection of my application or termination of my employment.

SIGNATURE: **X**_____ DATE: _____

PRINT NAME: _____ DATE: _____
First Middle Initial Last

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EQUAL OPPORTUNITY INFORMATION

The information requested is being used in accordance with the Minnesota and Federal Human Rights Act and rules and regulation adopted pursuant to these acts.

The equal employment opportunity record will be kept separate from your personnel file and the answers to the questions will ***NOT*** be used in the hiring or promotion process. ***Providing this information is voluntary and will be treated with confidentiality.*** If you refuse to provide this information you will not be subject to adverse treatment.

I understand what I have read and ☐ wish ☐ do not wish to supply the information below

Date: _____

Position applying for: _____

Sex: ☐ Male ☐ Female

Race/Ethnic group: (check one)

☐ **AFRICAN AMERICAN**
Persons having origins in any Black racial groups of African (not of Hispanic) origin.

☐ **ASIAN OR PACIFIC ISLANDER**
Persons having origins in any of the Far East, Southeast Asia, Indian Subcontinent (India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkam and Bhutan), or Pacific Islands (China, Japan, Korea, Philippine Islands and Samoa).

☐ **INDIAN OR ALASKAN NATIVE AMERICAN**
Persons having origins in any of the original people of North America, who maintain cultural identification through tribal affiliation or community recognition.

☐ **HISPANIC**
Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race.

☐ **CAUCASIAN**
Persons having origins in any of the original peoples of Europe, North Africa or the Middle East, (not of Hispanic origin).

Veteran: ☐ No ☐ Yes

Disability: ☐ No ☐ Yes

☐ Hearing impairment ☐ Mental illness
☐ Disability impairment ☐ Learning disability
☐ Visual impairment ☐ Other: _____

If yes, please describe:

_____

_____

_____

EVEN IF YOU HAVE FILLED OUT THE ABOVE INFORMATION GIVING YOUR IDENTITY IS OPTIONAL

_____ _____ _____
Last Name First Name Middle