

Position applied for: _____ Social Security #: _____

Name: _____ Have you ever been known by another name?: _____
Last First Middle

Address: _____ Date available: _____
Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Are you at least 16 years of age? Yes No Do you have the legal right to work in the U.S.? Yes No

Have you ever been convicted, pled no contest or pled guilty to a felony or misdemeanor? (Include any & all instances of the foregoing even if sentencing was stayed.)
 Yes No If yes, describe in full, including dates:

Mark all shifts you are available to work: Days Evenings Nights Weekends

Availability?: Full time Part time # of hours every 2 weeks: _____ Salary requirements?: Yes No I require \$ _____

Employment Record: List employment of the last five years with most current listed first. Include military service. Please complete this section even if submitting a resume. Attach an additional sheet if necessary. **May we contact your present employer?:** Yes No

Name of Company						
Address						
City, State, Zip						
Phone	(____) _____	(____) _____	(____) _____			
Your job title		#hrs/wk		#hrs/wk		#hrs/wk
Salary	start: _____	end: _____	start: _____	end: _____	start: _____	end: _____
Supervisor						
Describe your duties/responsibilities of your job						
Dates employed	from: _____	to: _____	from: _____	to: _____	from: _____	to: _____
Reason for leaving						

Education	Name & Address	Years Completed	Grade point average	Graduated	Degree/Major
High school/G.E.D.		9 10 11 12		Yes No	
College		1 2 3 4 5 6 7 8		Yes No	
Vocational/Tech.		# Months		Yes No	
Military		# Months		Yes No	
Other				Yes No	

Office Skills Check off those with which you have skilled experience:
 Word E-mail Flow charting Power point Access Excel Outlook Medical terminology
 Internet Windows 2000 or > Project Manager Medical Transcription Other: _____ Key board speed wpm _____

Additional Skills or Training (related to the job you are applying for)

Professional Certification/Licenses **Specific Certification & Expiration Date**
 License/Registration # _____ Profession _____ Expiration Date: _____
 CPR Date: _____
 First Aide Date: _____
 Are there any restrictions on your License?
 Yes No If yes Explain: _____
 Is your license now or has it ever been under investigation or encumbered in MN or any other state?
 Yes No If yes Explain: _____

References: Work or Education Related.

Name	Address	Phone: daytime	Occupation
1			
2			
3			

Agreement: I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of information with my application and/or interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered. I understand & agree that an offer for employment may depend upon satisfactory completion of a pre-employment screen. I understand & agree if I am hired my employment will be for an indefinite period of time and can be terminated for any or no reason by Stellar Health Care or its associates. I also understand that while Stellar Health Care & its associates supports current policies and benefits, it retains the right to change them at any time, with or without notice. I also understand that if hired my hours may increase or decrease and/or my shift may change due to fluctuations in customer census or needs. I hereby authorize Stellar Health Care & its associates to contact the employers, schools, and references which I have provided. I give my permission for the release of any information requested for evaluating my employment & hereby release all parties from liability for furnishing this information.

Signature: _____ Date: _____

Parent if under 18: _____