



Part of Fairview Health Services

APPLICATION FOR EMPLOYMENT

Ebenezer is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state or local law, including race, color, creed, religion, age, sex, national origin, ancestry, affectional preference, marital status, disability, membership or activity in any local commission, or status regarding public assistance. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics.

[PLEASE PRINT]

Position applied for _____ Date _____

Last Name _____ First Name _____ Middle Name _____

Have you ever been known by another name? YES NO If yes, what? _____

Address _____ Apt# _____ City _____ State _____ Zip _____

Telephone (_____) _____

Social Security # _____

If hired, can you furnish proof that you are eligible to work in the United States? YES NO
 If NO, please explain: _____

Have you ever been convicted of a crime? (minor traffic violations need not be listed) YES NO
 If YES, please explain date(s), location and circumstances: _____

Have you ever applied for work with an Ebenezer facility? YES NO If YES, list date, building and position: _____

Have you ever worked for an Ebenezer facility? YES NO If YES, list date, building and position: _____

Reason for leaving: _____

Are you available to work: Full-time Part-time Weekends On-Call
 Days Evenings Nights

Specify hours and days: _____

On what date would you be available to start work: _____

Education	Name & address	Course of study/Degree	Did you graduate? If not, number of years attended:
High School			
College/Vocational			
College/Vocational			
Other			

REGISTERED/LICENSED/CERTIFIED APPLICANTS PLEASE COMPLETE:

Type of Licensure/Certification: _____

Number: _____ State Issued: _____ Expiration Date: _____

EMPLOYMENT: *List employers during the LAST TEN YEARS in sequential order starting with current or last job. A resume may be attached to supplement information.*

1	Name of employer		Month/Year started		Describe Job Responsibilities
	Address		Month/Year ended		
	Telephone Number		Starting Wage	Ending Wage	
	Job Title	Supervisor's Name		Reason for leaving	
2	Name of employer		Month/Year started		Describe Job Responsibilities
	Address		Month/Year ended		
	Telephone Number		Starting Wage	Ending Wage	
	Job Title	Supervisor's Name		Reason for leaving	
3	Name of employer		Month/Year started		Describe Job Responsibilities
	Address		Month/Year ended		
	Telephone Number		Starting Wage	Ending Wage	
	Job Title	Supervisor's Name		Reason for leaving	

EMPLOYMENT HISTORY (continued)

DATES	Company's Name & Phone #	Address (Street, City, State & Zip)	Job Title
FROM: / / TO: / /			
FROM: / / TO: / /			
FROM: / / TO: / /			

May we contact these employers? Yes No

References: List people (other than relatives) who are familiar with your work performance.

Name	Business	Position	Area Code/ Telephone

Applicant please read carefully and sign.

By signing below, I promise that the information on this form is true and accurate. I understand that any false or misleading information or significant omission may disqualify me from consideration for employment, and may lead to dismissal from employment if discovered at a later date. I understand that any offer of employment is conditional upon proof of my identity and right to work in the United States, employment and criminal background checks, and any pre-employment health screening that may be required. I understand that this employment application is not to be construed as a guarantee of employment for any specific period of time. I understand that if I am hired, my employment with Ebenezer is "at-will", which means that either Ebenezer or I may terminate my employment at any time and for any or no reason.

By my signature, I acknowledge that I have read and understand the above statements.

Signature _____ Date _____