



Pine Medical Center

An affiliate of SMDC Health System

Pine Medical Center (PMC) an affiliate of St. Mary's Duluth Clinic (SMDC) Health System provides equal opportunity to all employees and applicants for employment in accordance with all applicable equal employment opportunity/affirmative action laws, directives, and regulations of federal, state, and local governing bodies or agencies. PMC will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, status with regard to public assistance, special disabled veterans, Vietnam-era veterans, other eligible veterans, and any other protected category as defined by statute.

PMC welcomes you as an applicant for employment. Resumes are accepted but are not a substitute for this application. Applications must be **complete** for consideration. Acceptance of your application for employment by PMC does not imply that you will be hired and should not be construed as a contract or promise of employment.

Please type or print in ink. If necessary, attach a separate sheet.

Date _____

PERSONAL INFORMATION

Full Name _____ Social Security Number _____ - _____ - _____
 Last First M.I.

Present Address _____
 Street City State Zip

Telephone Home: () _____ Work: () _____ Cell Number: () _____

E-mail Address _____

Do you have the legal right to work in the U.S.? Yes No

(Final confirmation of employment with PMC is contingent upon timely completion of an Employment Eligibility Verification Form [Form I-9].)

Are you at least 16 years of age? Yes No

Have you ever been disciplined or involuntarily discharged for any reason by any employer? Yes No

If Yes, please explain.

Have you ever been previously employed with PMC or SMDC? No Yes From _____ To _____
 Mo./Yr. Mo./Yr.

EMPLOYMENT INTEREST – Please include specific job number if known.

Position desired _____ Hours desired _____ Days desired _____

Applying for (check all that you would accept): Full Time Part Time Regular Temporary Casual (Unscheduled)

Shift(s): Any Days Evenings Nights Rotating Weekends Holidays

EMPLOYMENT: List all former employers start with most recent or current employer – if needed add sheet

Employer (company name):	Job Title:	Your name at that time:
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Dates of employment: From _____ To _____ Month/Year Month/Year	Supervisor:	Telephone:
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Mailing Address:

Employer's Email:

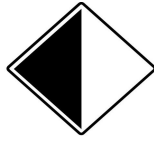
Employer (company name):	Job Title:	Your name at that time:
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Dates of employment: From _____ To _____ Month/Year Month/Year	Supervisor:	Telephone:
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Mailing Address:

Employer's Email:

Employer (company name):	Job Title:	Your name at that time:		
Dates of employment: From _____ To _____ Month/Year Month/Year	Supervisor:	Telephone:		
Mailing Address:				
Employer's Email:				
Employer (company name):	Job Title:	Your name at that time:		
Dates of employment: From _____ To _____ Month/Year Month/Year	Supervisor:	Telephone:		
Mailing Address:				
Employer's Email:				
ADDITIONAL WORK REFERENCES – Do not list relatives or personal friends.				
List 3 work/education related references who are in a position to evaluate your experience and qualifications.				
Name:	Relationship:	No. of Years known:		
Mailing Address:			Phone: Home: () Work: ()	
Email Address:				
Name:	Relationship:	No. of Years known:		
Mailing Address:			Phone: Home: () Work: ()	
Email Address:				
Name:	Relationship:	No. of Years known:		
Mailing Address:			Phone: Home: () Work: ()	
Email Address:				
EDUCATION AND CREDENTIALS				
Name and location of high school:			Diploma or equivalent received? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name and location of college or university:	Degree received	GPA	Major subject	No. years completed
Name and location of college or university:	Degree received	GPA	Major subject	No. years completed
Name and location of college or university:	Degree received	GPA	Major subject	No. years completed
Please describe your work interests and career goals (nursing applicants please indicate specific unit/department interests): Using the reverse side of this sheet, describe any other relevant specialized education/training received (e.g. seminars, workshops, classes), or professional organizations. (Please omit any information that would tend to disclose your race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, status with regard to public assistance, special disabled veterans, Vietnam-era veterans, other eligible veterans, and any other protected category as defined by statute.)				
Relevant professional license, certificate, or registration number	Occupation	Issue date	Expiration date	State of issue
Driver's License State and number if necessary for job:				



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EMPLOYMENT APPLICATION CERTIFICATION AND AUTHORIZATION STATEMENT

PLEASE READ CAREFULLY AND SIGN BELOW

I understand that this employment application and any other documents presented to me in the course of applying for employment with PMC are not contracts or promises of employment. I also understand that if I am hired, unless otherwise provided by a collective bargaining agreement, I will be an employee at will, which means that I may leave my employment voluntarily for any reason, at any time, with or without notice, and may likewise be terminated by PMC at any time, for any reason, with or without notice. I understand that any oral or written statements to the contrary are not binding on PMC and that I may not rely upon them.

I authorize PMC to investigate all statements on this application including work references. I authorize my previous employers and work references to provide PMC with all documents and information which it requests in conjunction with my application for employment at PMC. **Specifically, I release and waive any and all claims, including but not necessarily limited to claims for defamation, libel, and slander, that I may have against any such individual or company as a result of their compliance with PMC's request for information.**

I authorize all schools, colleges, universities, and other education institutions I have attended to provide PMC with all information which it seeks related to the dates of my attendance, the degrees I have earned, the courses I have taken, my grade point average, and related matters. I waive and release any and all claims I may have against these institutions as a result of their compliance with PMC's request for information.

I hereby certify that the information I have provided in this application is true and correct to the best of my knowledge and belief. I understand that any false statements or omissions in this employment application form, or made in the course of applying for employment at PMC may disqualify me for employment or cause my subsequent dismissal from employment.

Applicant Signature (signature and date required to be considered for open position)

Date

REFERRAL SOURCE – How did you learn about the job for which you are applying?

- | | |
|--|--|
| <input type="checkbox"/> Job/Career Fair | <input type="checkbox"/> Newspaper Employment Ad
Which One? _____ |
| <input type="checkbox"/> Rehire/Previous Employee | <input type="checkbox"/> Professional Magazine/Publication
Which One? _____ |
| <input type="checkbox"/> Reputation | <input type="checkbox"/> State Employment Agency |
| <input type="checkbox"/> Social Service Agency | <input type="checkbox"/> Mail/Walk-In/Telephone Inquiry |
| <input type="checkbox"/> SMDC Job Posting Bulletin Board | <input type="checkbox"/> Referral By Employee/Friend/Relative |
| <input type="checkbox"/> SMDC Jobs Line | <input type="checkbox"/> Internet Site
Which One? _____ |
| <input type="checkbox"/> SMDC Webpage | <input type="checkbox"/> Radio Station
Which One? _____ |
| <input type="checkbox"/> Open House/Tour | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> School
Which One? _____ | |
| <input type="checkbox"/> Direct Mail Campaign | |

DEFINITION OF DISABILITY

Under the Americans with Disabilities Act of 1990, an individual is classified as disabled (42 USC §12102[2]) if he or she:

- has a physical or mental impairment, and the impairment substantially limits one or more of the individual's major activities in life;
- has a record or history of such an impairment; or
- is perceived as having such impairment.

To be considered disabled, an individual must have a record of, or be regarded as having, a substantial, as opposed to a minor, impairment. A substantial impairment is one that significantly limits or restricts a major life activity such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning or working.

DEFINITIONS OF OTHER ELIGIBLE VETERANS

Under the Veterans Employment Opportunities Act of 1998 (Public Law 105-339), an individual is classified as "other eligible veteran" if:

- The individual served in a war, which includes any individual who provided active duty service between 12-7-41 and 4-28-52.
- The individual served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.
- For additional information please see a SMDC Human Resource Representative.

Add additional employment history if all past jobs do not fit on appropriate application blanks.