



710 South Kenwood Avenue  
Moose Lake, Minnesota 55767  
218-485-4481  
[www.mercymooselake.org](http://www.mercymooselake.org)

## EMPLOYMENT APPLICATION

### Mission

Mercy Hospital is committed to delivering high quality, personalized care to people of all ages.

### Vision 2015

We are the preferred health care home in our service area, providing personalized, quality medical and surgical care.

- Improved value to patients through enhanced efficiencies
- Collaborative relationships with medical staff
- Expanded surgical services and improved share in our Primary Service Area
- Facility expansion and improvements

An Equal Employment Opportunity Employer  
We comply with all applicable state and federal civil rights  
and equal employment laws and regulations.

Mercy Hospital is a smoke free facility.

NAME (Last, First, Middle)

POSITION

DATE

# Personal

|                   |       |        |                     |
|-------------------|-------|--------|---------------------|
| LAST NAME         | FIRST | MIDDLE | SOCIAL SECURITY NO. |
| PRESENT ADDRESS   | CITY  | STATE  | ZIP CODE            |
| TELEPHONE NO.     |       |        |                     |
| PERMANENT ADDRESS | CITY  | STATE  | ZIP CODE            |
| TELEPHONE NO.     |       |        |                     |

|  |   |
|--|---|
| POSITION APPLIED FOR   | SALARY DESIRED  |
| HOW WERE YOU REFERRED TO THIS FACILITY?  | ARE YOU APPLYING FOR<br>FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/><br>REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> |
| HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? (WHEN?)  | ARE YOU AT LEAST 18 YEARS OF AGE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| DATE AVAILABLE FOR WORK:   |   |
| LONG RANGE OCCUPATIONAL GOALS:   | WOULD YOU CONSIDER WORKING ANY SHIFT?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> | WEEKENDS & HOLIDAYS<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |
|  | ROTATING SHIFTS<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |
|  | ON CALL<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |

# Education/Skills

| SCHOOL  | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | CHECK LAST YEAR COMPLETED |   |                        |   | DID YOU GRADUATE?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | LIST DIPLOMA OR DEGREE |
|---|----------------------------|-----------------|---------------------------|---|------------------------|---|--|------------------------|
|   |                            |                 | 1                         | 2 | 3                      | 4 |  |                        |
| HIGH  |                            |                 |                           |   |                        |   |  |                        |
| COLLEGE   |                            |                 |                           |   |                        |   |  |                        |
| COLLEGE   |                            |                 |                           |   |                        |   |  |                        |
| OTHER Business College Other Special Courses (Include Special Military Training, Post Graduate and Nursing) |                            |                 |                           |   |                        |   |  |                        |
| AREA OF SPECIALIZATION OR MAJOR INTEREST  |                            |                 |                           |   | TYPING: APPROX. WPM    |   |  |                        |
|   |                            |                 |                           |   | SHORTHAND: APPROX. WPM |   |  |                        |
| LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:   |                            |                 |                           |   |                        |   |  |                        |

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

|                                      |                                       |                                    |  |     |
|--------------------------------------|---------------------------------------|------------------------------------|--|-----|
| ARE YOU CURRENTLY ELIGIBLE FOR:      | <input type="checkbox"/> REGISTERED   | <input type="checkbox"/> LICENSED  | <input type="checkbox"/> CERTIFIED     |     |
|                                      | <input type="checkbox"/> REGISTRATION | <input type="checkbox"/> LICENSURE | <input type="checkbox"/> CERTIFICATION |     |
| IF LICENSED, REGISTERED OR CERTIFIED | TYPE                                  | STATE ISSUED                       | DATE                                   | NO. |
|                                      | TYPE                                  | STATE ISSUED                       | DATE                                   | NO. |
|                                      | TYPE                                  | STATE ISSUED                       | DATE                                   | NO. |

# Previous Experience

| LIST NAME, ADDRESS AND PHONE<br>NUMBER OF PREVIOUS EMPLOYERS WITH<br>MOST RECENT EMPLOYER FIRST. | FROM | TO | IMMEDIATE<br>SUPERVISOR | LAST<br>SALARY<br><small>Hourly, Monthly<br/>or Yearly</small> |
|--|------|----|-------------------------|--|
| JOB TITLE: _____   |      |    |                         |  |
| EMPLOYER NAME: _____ PHONE: _____  |      |    |                         |  |
| ADDRESS: _____   |      |    |                         |  |
| DUTIES: _____  |      |    |                         |  |
| REASON FOR LEAVING: _____  |      |    |                         |  |
| JOB TITLE: _____   |      |    |                         |  |
| EMPLOYER NAME: _____ PHONE: _____  |      |    |                         |  |
| ADDRESS: _____   |      |    |                         |  |
| DUTIES: _____  |      |    |                         |  |
| REASON FOR LEAVING: _____  |      |    |                         |  |
| JOB TITLE: _____   |      |    |                         |  |
| EMPLOYER NAME: _____ PHONE: _____  |      |    |                         |  |
| ADDRESS: _____   |      |    |                         |  |
| DUTIES: _____  |      |    |                         |  |
| REASON FOR LEAVING: _____  |      |    |                         |  |
| JOB TITLE: _____   |      |    |                         |  |
| EMPLOYER NAME: _____ PHONE: _____  |      |    |                         |  |
| ADDRESS: _____   |      |    |                         |  |
| DUTIES: _____  |      |    |                         |  |
| REASON FOR LEAVING: _____  |      |    |                         |  |

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|   |
|---|
| Did you serve in the U.S. Armed Services? Yes <input type="checkbox"/> No <input type="checkbox"/> What Branch?                                       |
| Have you volunteered your time or services? Yes <input type="checkbox"/> No <input type="checkbox"/> Where?   |
| Do you have a relative employed with us? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please list their name(s) and title(s) below |
| _____   |
| _____   |
| _____   |

**References**

| LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS: |       |                        |           |
|--|-------|------------------------|-----------|
| NAME AND RELATIONSHIP  | TITLE | COMPANY NAME & ADDRESS | TELEPHONE |
|  |       |                        |           |
|  |       |                        |           |
|  |       |                        |           |
|  |       |                        |           |

**Signature**

**READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**For Office Use Only**

|  |  |   |                         |   |      |
|--|--|---|-------------------------|---|------|
| <b>TO BE COMPLETED AFTER INTERVIEW</b>   |  | HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/> |                         | SEE COMMENTS BELOW                      |      |
| REFERENCES CHECKED AND BY WHOM:  |  | REFERENCE #1  | DATE                    | REFERENCE #2                            | DATE |
|  |  |   |                         |   |      |
| PERSONAL NOTES (these notes are open to inspection - keep information factual)   |  |   |                         |   |      |
| _____  |  |   |                         |   |      |
| _____  |  |   |                         |   |      |
| IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |   | INTERVIEWER'S SIGNATURE |   |      |
| STARTING DATE  |  | EXEMPT <input type="checkbox"/>                                 |                         | FULL TIME <input type="checkbox"/>      |      |
|  |  | NON-EXEMPT <input type="checkbox"/>                             |                         | ON CALL STATUS <input type="checkbox"/> |      |
|  |  |   |                         | ROTATION <input type="checkbox"/>       |      |
| DEPARTMENT   |  | POSITION/JOB SITE   |                         | STARTING SALARY/GRADE                   |      |
|  |  |   |                         |   |      |



**EMPLOYMENT APPLICATION SUPPLEMENT**  
Minnesota Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status or veteran status, medical condition or handicap, or any other legally protected status. As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

**YOUR COOPERATION IS VOLUNTARY**

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(PLEASE PRINT) Date \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-in  
 Mercy Employee  Posted Job Announcement  Employment Agency  Other

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Applicant's Name: \_\_\_\_\_

***Affirmative Action Survey:***

Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. This data is for analysis and affirmative action only.

Check one:  Male  Female

Check one of the following:  White  Black or African American  
 American Indian/Alaskan Native  Asian  
 Pacific Islander  Hispanic or Latino  
 Two or more races

Check if you wish to identify yourself as the following:

Vietnam Era Veteran  Disabled Veteran\*  Handicapped Individual\*

\*If so, do you require any special accommodations to participate in the application process for this position?

No  Yes



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## EMPLOYMENT APPLICATION SUPPLEMENT Nepotism Notification for Applicants

**Mercy Hospital has a Nepotism Policy which means: There are some restrictions on the hiring of applicants who are immediate family members related to certain classifications of employees currently employed at Mercy. As a result of the existence of the Nepotism Policy we ask that you make us aware of your relationship to the following list of employees in these positions.**

**Members of the Board of Directors  
Chief Executive Officer  
Chief Financial Officer  
Director of HR  
Director of Patient Care Services  
Director of Home Health Services  
Director of Support Services  
Director of Quality Management**

**If you are unsure of the names of the employees in these positions, please request a listing of these individuals. If you would like to review the Mercy Nepotism Policy prior to the completion of your application to confirm whether or not Mercy's Nepotism Policy classifies you as an immediate family member a copy will be provided for your review.**

**We ask that you verify your understanding of the above statement and disclose your relationship to any of the above named individuals.**

I acknowledge that I am aware of the existence of Mercy's Nepotism Policy.

\_\_\_\_\_ yes \_\_\_\_\_ no

To my knowledge I am not an immediate family member related to any of the above named individuals.

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Signature



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## **NOTICE OF ADOPTION OF PRE-EMPLOYMENT DRUG TESTING POLICY**

Effective October 1, 2009, Mercy Hospital has adopted a Drug Testing Policy for all job applicants who receive a conditional offer of employment. Failing a drug test may result in revocation of the job offer.

**Drug testing will be conducted on all job applicants who have been made conditional offers of employment.**

All testing for drugs will be conducted by a legally authorized laboratory. Precautions will be taken to maintain the confidentiality of test results.

Applicants who refuse to test, or test positive or dilute on a confirmatory test, will have their offers of employment revoked.

Copies of the Mercy Hospital Controlled Substances and Alcohol Policy will be issued to all applicants who have been made conditional offers of employment.