

**MERCY HOSPITAL**  
**1031 7<sup>th</sup> Street**  
**Devils Lake, ND 58301**

## APPLICATION FOR EMPLOYMENT

*Thank you for your interest in employment with Mercy Hospital. Mercy Hospital is an equal opportunity employer and will, therefore, consider all applicants for employment without regard to race, color, creed, religion, age, sex, sexual orientation, marital status, national origin, disability, membership or activity in a local commission, public assistance status, or any other protected class status. In reading and answering the following questions, please keep in mind that the questions are not intended to apply any limitations, preferences, or discrimination based on any non-job related information. By completing this application, there is no assurance of employment; however, if a suitable opening becomes available, this application may receive consideration.*

*(Please complete application by typing or printing clearly in ink)*

Date of Application \_\_\_\_\_ Date Available for Employment \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

What type of employment are you interested in? Full Time Part Time Casual

Position/Dept. applied for \_\_\_\_\_ Referred By \_\_\_\_\_

Expected Rate of Pay \$ \_\_\_\_\_

Have you ever been employed by Mercy Hospital? Yes No When \_\_\_\_\_ Name \_\_\_\_\_

Have you ever been convicted of a felony? Yes No If yes, please explain \_\_\_\_\_

A criminal conviction does not by itself constitute an absolute bar to employment. Mercy Hospital will examine the nature of the conviction record, subsequent rehabilitation, and the responsibilities of the position sought in making each employment decision.

**If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? • Yes • No**

## EDUCATIONAL BACKGROUND

Circle highest grade completed:    6 7 8 9 10 11 12      College:    1 2 3 4 5 6 7 8

Name of high school attended \_\_\_\_\_ Address \_\_\_\_\_

Name and location of college, technical, or Other post secondary school	Dates Attended	Degree/Cert. Achieved	Major/Minor
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*Other education relevant to position* \_\_\_\_\_

<b>Licenses:</b> List any licenses, registrations or certificates related To the position(s) you are applying for	Expiration Date	Licensing Agency
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Are you registered in North Dakota?    Yes    No  
If not, have you applied for reciprocity?    Yes    No

Describe your skills and experience with computers (identify hardware and software), office equipment, medical equipment, tools, or other training or volunteer work that may be relevant to the position(s) you are applying for.

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## PRESENT OR MOST RECENT EMPLOYMENT INFORMATION

1. Firm \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your name while employed there for reference request \_\_\_\_\_  
Name of immediate supervisor \_\_\_\_\_  
Date employment began \_\_\_\_\_ Date employment terminated \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact the employer listed above?     Yes     No

## PREVIOUS EXPERIENCE

2. Firm \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your name while employed there for reference request \_\_\_\_\_  
Name of immediate supervisor \_\_\_\_\_  
Date employment began \_\_\_\_\_ Date employment terminated \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact the employer listed above?     Yes     No

## PREVIOUS EXPERIENCE

3. Firm \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your name while employed there for reference request \_\_\_\_\_  
Name of immediate supervisor \_\_\_\_\_  
Date employment began \_\_\_\_\_ Date employment terminated \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact the employer listed above?     Yes     No

Please list other training, e.g., classes, workshops, schools (give dates and length of courses), or other qualifications that would help you in this position \_\_\_\_\_

Students: Please list one instructor:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal References (Do not list relatives, former employers, attorneys, physicians or clergy):

Name	Address	Phone	Occupation

“I hereby authorize all of my former employers, school officials and other persons with whom I have been professionally associated with as reference to give to MERCY HOSPITAL any information that they may have regarding my employment record, together with any information they may have regarding me whether or not such information is on their records. I hereby release said companies and individuals from any liability for any damages whatsoever resulting from the giving of such information.”

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

### APPLICANT’S CERTIFICATION

I certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements would render this application void and is sufficient cause for immediate dismissal in the event of employment.

I understand that my employment is dependent upon receipt by the hospital of satisfactory reference, attendance at orientation and satisfactory completion of the orientation period.

I agree to conform to the rules and regulations of Mercy Hospital and acknowledge that these rules and regulations may be changes, interpreted, withdrawn, or added to by Mercy Hospital at anytime and without prior notice to me. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Mercy Hospital and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Corporation unless expressly made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, and Mercy Hospital retains a similar right regarding the discontinuation of my employment. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a physical or mental handicap or disability, or any characteristic protected by law. It is our intention that all applicants be given equal opportunity and that selection decisions are based on jobrelated factors.

Dated \_\_\_\_\_ Signature \_\_\_\_\_

#### OFFICE USE ONLY

Date Interviewed \_\_\_\_\_ Date Position Offered \_\_\_\_\_ Position \_\_\_\_\_ Department \_\_\_\_\_  
Starting Date \_\_\_\_\_ Full Time  Part Time  Casual  Temporary  Rate of Pay \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse’s Name \_\_\_\_\_  
In case of emergency \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_