

# EMPLOYMENT APPLICATION

NAME:

POSITION DESIRED:

DATE:

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## **Mother of Mercy Campus of Care**

230 Church Avenue, P.O. Box 676

Albany, MN 56307

Telephone: 320-845-2195

Fax: 320-845-7092

[motherofmercymn.org](http://motherofmercymn.org)

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# Mother of Mercy Campus of Care

230 Church Avenue, P.O. Box 676  
Albany, MN 56307

LAST NAME (Print)		FIRST NAME		MIDDLE
PRESENT ADDRESS (Street, City, State, Zip Code)				PHONE NUMBER (Include Area Code)
LAST PREVIOUS ADDRESS				DATE AVAILABLE FOR WORK
E-MAIL ADDRESS				
POSITION DESIRED	FULL TIME ____ PART TIME ____ CASUAL/CONTRACT ____	WHAT SHIFTS CAN YOU WORK?	DAYS ____ EVENINGS ____ NIGHTS ____	PAY RATE: CURRENT: EXPECTED:
HAVE YOU EVER BEEN EMPLOYED AT MOTHER OF MERCY? ____ YES ____ NO		IF SO, WHEN? FROM: MONTH YEAR      TO: MONTH YEAR		POSITION(S) HELD
HOW WERE YOU REFERRED TO MOTHER OF MERCY: FRIEND (name) _____ MOM WEBSITE ____ NEWSPAPER (name) _____ ONLINE AD (website) _____				

## EDUCATIONAL HISTORY

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST DIPLOMA CERTIFICATE OR DEGREE  ----- G.E.D. <input type="checkbox"/> YES <input type="checkbox"/> NO
			9	10	11	12		
High School								
Certificate Program or Technical Courses								
College								
Graduate School								

ARE YOU 16 YEARS OF AGE OR OLDER?  YES  NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?  YES  NO

ARE YOU ENROLLED IN ANY SCHOOL OR TRAINING PROGRAM AT PRESENT OR DO YOU INTEND TO ENROLL IN SUCH A PROGRAM IN THE NEXT YEAR AND IF YES, PLEASE EXPLAIN:

WHAT WERE YOUR AVERAGE GRADES IN HIGH SCHOOL?	COLLEGE GRADE POINT AVERAGE
LIST PROFESSIONAL REGISTRATION OR LICENSE NUMBER IF APPLICABLE ORIGINAL _____ CURRENT _____	OTHER STATES WHERE CURRENTLY OR FORMERLY REGISTERED/LICENSED:

**PRESENT SKILLS:**

MEDICAL TERMINOLOGY \_\_\_\_ YES \_\_\_\_ NO; COMPUTER \_\_\_\_ YES \_\_\_\_ NO

PROGRAMS: \_\_\_\_\_

LIST PROFESSIONAL OR WORK RELATED ORGANIZATIONS TO WHICH YOU BELONG: \_\_\_\_\_

# EMPLOYMENT HISTORY

(List Most Recent Position First)

	1. PRESENT OR MOST RECENT EMPLOYER	2. NEXT PREVIOUS EMPLOYER	3. NEXT PREVIOUS EMPLOYER
NAME OF EMPLOYER			
ADDRESS <i>(Include: Street, City, State)</i>			
PHONE NO.	(     )	(     )	(     )
YOUR POSITION			
YOUR SUPERVISOR, TITLE			
DATES OF EMPLOYMENT <i>(Month, Year)</i>	From: Mon. Yr.                      To: Mon. Yr.	From: Mon. Yr.                      To: Mon. Yr.	From: Mon. Yr.                      To: Mon. Yr.
PAY RATE	Beginning    Ending	Beginning    Ending	Beginning    Ending
REASON FOR LEAVING			
DESCRIPTION OF WORK	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Are You Presently Employed? \_\_\_\_\_ If Yes, May We Contact Your Employer For References? \_\_\_\_\_

**PERSONAL REFERENCES**

NAME	ADDRESS	PHONE NO. (Include Area Code)	OCCUPATION/TITLE

**PREVIOUS/CURRENT EMPLOYER REFERENCES**

NAME	ADDRESS	PHONE NO. (Include Area Code)	OCCUPATION/TITLE

**STATEMENT**

I certify that the information I provided in this Application is true, correct and complete. I understand and agree that false, incomplete or misrepresented information of any kind provided during the application and interview process may cause my application to be rejected, or if discovered after I am employed, may be cause for immediate termination of my employment. Further, the failure to provide any information or the failure to cooperate in the gathering of any information pertinent to my application for employment with Mother of Mercy Campus of Care (MOM) may cause my application to be rejected, or any conditional offer of employment to be revoked. I understand that criminal background checks are necessary to enable MOM to hire staff in accord with federal and state laws related to work with vulnerable adults and the need to protect their safety.

I authorize MOM to obtain information about me from my current and previous employers, educational institutions and references listed above, as well as any other party necessary to verify the accuracy of the information I disclosed in this Application, my resume or interview. I also authorize all current and previous employers, educational institutions, references and other parties referenced above to disclose information about me to MOM, and specifically release them from any damage or liability arising out of the disclosure of said information. This authorization is in conjunction with Minn. Stat. § 604A.33, which authorizes MOM to ask for, and my current and former employer(s) to provide all information listed in Minn. Stat. § 604A.33, Subd. (a) and (b). I agree that I may be the subject of an investigation required by the laws of the state of Minnesota, and I authorize MOM to obtain any information necessary to complete such an investigation. I acknowledge that I have been informed of my right to request information obtained by MOM regarding this investigation report and that upon such a request MOM will provide me with the name and address of the agency making the report.

By signing below, I also agree that, depending upon the position I have applied for, I may be required to submit to a job related employment physical or pre-employment test to assist MOM in determining physical fitness and my ability to meet standards and expectations for the job or position.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between MOM and myself. If I accept an offer of employment I understand MOM may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than the Chief Executive Officer or the CEO’s designee, has the authority to enter into an employment agreement.

By signing below, I understand and accept all terms and conditions in the above Statement.

**Applicant Name** \_\_\_\_\_  
(PLEASE PRINT)

**Signature** \_\_\_\_\_  
(DO NOT PRINT)

**Date:** \_\_\_\_\_