

New Millennium Health Care
7931 N. E. 6th Street, Spring Lake Park, Minnesota 55432
Office Phone 763-780-9933

APPLICATION FOR EMPLOYMENT

New Millennium Health Care is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

PERSONAL INFORMATION

Last Name	First	Middle Initial	Birthday
Address			SS#
Home Telephone () ()	Work Telephone () ()	Email	Are you 16 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever interviewed with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s), location(s), and position(s) applied for:			
Have you ever been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s), location(s), and position(s):			
Are you subject to court-ordered withholding for child support or medical support? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you subject to any court-ordered obligation to obtain health/dental dependant coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT DESIRED

Position Applied for:	License Number:																								
How did you find out about this position?	Start Date:																								
If referred, who referred you to this company?																									
Shifts available: Please note (D) dayshift, (E) evening shift, (N) night shift in the corresponding box. Or (C) casual. Note: All full time employees (greater than 3 shifts per two week cycle) must work every other weekend and holiday.																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Friday</th> <th>Saturday</th> <th>Sunday</th> </tr> </thead> <tbody> <tr> <td>Week 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Week 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week 1								Week 2							
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Week 2																									

EDUCATION

Level	Name and Address	Date Graduated/ Level Completed	Major Studies	Degree/Diploma License/Certificate
High School				
College				
Graduate School				
Vocational, Business, Other				

MILITARY

Are you currently serving in any branch of the military? If so, what branch? Yes No

EMPLOYMENT HISTORY

Please list employment record, starting with the most recent.

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

REFERENCES

Please provide three references (not relatives or previous employers).

Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:

GENERAL

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be able to perform the job functions for the position you are applying for with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
If offered employment, will you be able to provide proof of identity and authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT STATEMENT

I understand and agree to the following:

This application is not a contract of employment.

Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal.

The employer follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason consistent with applicable law.

All hired persons must provide proof of identity and authorization to work in the US. Failure to produce such proof will result in denial of employment.

I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation.

I certify that all the information given in this application is complete and true.

Signature of Applicant

Date