

Position applied for: _____ Social Security #: _____

Name: _____ Have you ever been known by another name?: _____

Address: _____
Last First Middle Street City State Zip

Date available: _____

Home Phone: (____) _____ Work Phone: (____) _____

Are you at least 16 years of age?: Yes No Do you have the legal right to work in the U.S.?: Yes No

Please complete the application in its entirety.

Mark all shifts you are available to work: Days Evenings Nights Weekends

Availability?: Full time Part time # of hours every 2 weeks: _____ Salary requirements?: Yes No I require \$ _____

Employment Record: List employment of the last five years with most current listed first. Include military service. Please complete this section even if submitting a resume. Attach an additional sheet if necessary. May we contact your present employer?: Yes No

Name of Company						
Address						
City, State, Zip						
Phone	(____) _____	(____) _____	(____) _____			
Your job title		#hrs/wk		#hrs/wk		#hrs/wk
Salary	start:	end:	start:	end:	start:	end:
Supervisor						
Describe your duties/responsibilities of your job						
Dates employed	from:	to:	from:	to:	from:	to:
Reason for leaving						

Education	Name & Address	Years Completed				Grade point average	Graduated		Degree/Major
		9	10	11	12		Yes	No	
High school/G.E.D.									
College		1	2	3	4	5	6	7	8
Vocational/Tech.		# Months					Yes	No	
Military		# Months					Yes	No	
Other							Yes	No	

Office Skills Check off those with which you have skilled experience:

Word E-mail Flow charting Power point Access Excel Outlook Medical terminology

Internet Windows 2000 or > Project Manager Medical Transcription Other: _____ Key board speed _____ wpm

Additional Skills or Training (related to the job you are applying for)

Professional Certification/Licenses

License/Registration # _____	Profession _____	Expiration Date: _____
Are there any restrictions on your License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes Explain: _____		
Is your license now or has it ever been under investigation or encumbered in MN or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes Explain: _____		

Specific Certification & Expire Date

CPR Date: _____

First Aide Date: _____

References: Work or Education Related.

Name	Address	Phone: daytime	Occupation
1			
2			
3			

Agreement: I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of information with my application and/or interview will be sufficient cause, in and of itself, for rejection or dismissal when ever discovered. I understand and agree that an offer for employment may depend upon satisfactory completion of a pre-employment screen. I understand and agree if I am hired my employment will be for an indefinite period of time and can be terminated for any or no reason by Stellar Health Care or its associates. I also understand that while Stellar Health Care and its associates supports current policies and benefits, it retains the right to change them at any time, with or without notice. I also understand that if hired my hours may increase or decrease and/or my shift may change due to fluctuations in customer census or needs. I hereby authorize Stellar Health Care and its associates to contact the employers, schools, and references which I have provided. I give my permission for the release of any information requested for evaluating my employment and hereby release all parties from liability for furnishing this information.

Signature: _____ Date: _____

Parent if under 18: _____