



424 State Hwy 5 W
 Waconia MN 55387
 952-442-4461

Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin.

LAST NAME		FIRST NAME		MIDDLE NAME	
OTHER NAMES YOU HAVE USED TO IDENTIFY YOURSELF (FOR REFERENCE PURPOSE ONLY)					
CURRENT STREET MAILING ADDRESS:			CITY	STATE	ZIP CODE
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)					
HOME PHONE #:		OTHER NUMBERS WHERE YOU MAY BE CONTACTED		BEST TIME TO CONTACT YOU <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	
HOW WERE YOU REFERRED TO OUR ORGANIZATION?		HAVE YOU BEEN EMPLOYED HERE BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Dates: From _____ To _____			
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO When? _____		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY OR NO-CONTEST TO, A FELONY?*** <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)					
***THIS INFORMATION MAY BE CONSIDERED IN HIRING OR JOB PLACEMENT, BUT WILL NOT AUTOMATICALLY DISQUALIFY YOU FOR EMPLOYMENT.					
POSITION DESIRED:			SALARY DESIRED:		
DATE AVAILABLE TO START WORK			Employment Interest: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		

Educational Record

School	Name & Location	Course of Study	Circle Year Completed	Did you graduate?	Certificate / Degree Received
High			1 2 3 4	yes / no	
Technical			1 2 3 4	yes / no	
College			1 2 3 4	yes / no	
College			1 2 3 4	yes / no	

EXTRACURRICULAR ACTIVITIES IN WHICH YOU PARTICIPATED - PLEASE INDICATE ANY OFFICES HELD***

***Applicant need not disclose any activities which might reveal them as a member of a protected class.*

Licenses and/or Certifications

Nurses, Medical Tech, X-ray Tech, etc.

Current Number _____	Occupation _____
License Certificate Registration	Status Of License _____ Expiration Date _____
	State Issued: _____ Date: _____
Other Qualifications -	Describe any training or qualifications (not previously covered) that might be of interest

Employment History

List Most Recent First

Company Name		From	To	Starting Salary
				Ending Or Current Salary
Job Title	City		State	
Supervisor's Name	Telephone Number	Reason For Leaving		May We Contact This Employer
Brief Job Description				<input type="checkbox"/> Yes, Immediately
				<input type="checkbox"/> Yes, At a Later Date
				<input type="checkbox"/> No, Do Not Contact
Company Name		From	To	Starting Salary
				Ending Or Current Salary
Job Title	City		State	
Supervisor's Name	Telephone Number	Reason For Leaving		May We Contact This Employer
Brief Job Description				<input type="checkbox"/> Yes, Immediately
				<input type="checkbox"/> Yes, At a Later Date
				<input type="checkbox"/> No, Do Not Contact
Company Name		From	To	Starting Salary
				Ending Or Current Salary
Job Title	City		State	
Supervisor's Name	Telephone Number	Reason For Leaving		May We Contact This Employer
Brief Job Description				<input type="checkbox"/> Yes, Immediately
				<input type="checkbox"/> Yes, At a Later Date
				<input type="checkbox"/> No, Do Not Contact
Company Name		From	To	Starting Salary
				Ending Or Current Salary
Job Title	City		State	
Supervisor's Name	Telephone Number	Reason For Leaving		May We Contact This Employer
Brief Job Description				<input type="checkbox"/> Yes, Immediately
				<input type="checkbox"/> Yes, At a Later Date
				<input type="checkbox"/> No, Do Not Contact

References

List 3 Professional References

Name	Relationship/Title	Address	Telephone

Applicants Statement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false, misleading or omitted information may result in my dismissal. I authorize Lakeview Clinic, Ltd. to conduct an investigation of my previous employment and educational history, I agree to cooperate in the investigation and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies, in whole or in part, at any time.

I certify that I have read, fully understand and accept all terms as stated above.

Signature of Applicant: _____ **Date:** _____