



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

APPLICATION FOR EMPLOYMENT

Lakeview Clinic is an equal opportunity employer and does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, age, sex, handicap/disability, marital status, sexual orientation, military status or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Full Legal Name _____

Other Names you have used to identify yourself (for reference purpose only) _____

Address _____

E-mail Address _____ Cell Phone # _____

Best time to contact you _____ A.M. P.M.

Are you eligible to work in the U.S? Yes No

Are you 18 years or older? Yes No (If no, you may be required to provide authorization to work.)

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If **yes**, please provide company names and details: _____

EMPLOYMENT DESIRED

Date you can start _____ Employment Interest Full-Time Part-Time

Position Desired _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Have you been employed here before? Yes No If Yes, give dates: From _____ To _____

Ever applied to this company before? Yes No If Yes, When? _____

Are you currently employed? Yes No If Yes, may we contact current employer? Yes No

REFERRAL SOURCE

How did you hear about us? Walk-In Referred By _____

Advertisement _____ Other _____

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION	Name and Location	Course of Study	# of Years Completed	Did you graduate?	Certificate/Degree Received
High School					
College or University					
Trade, Business or Correspondence School					

Licenses and/or Certifications

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

Current Number _____ <input type="checkbox"/> License <input type="checkbox"/> Certificate <input type="checkbox"/> Registration	Occupation _____ State of License _____ Expiration Date _____ State Issued: _____ Date: _____
Other Qualifications:	Describe any training or qualifications (not previously covered) that might be of interest:

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

PROFESSIONAL REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Relationship/Title	Company	Telephone	Years Acquainted

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 a 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: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.