

COTEAU DES PRAIRIES HOSPITAL AND CLINIC

205 Orchard Drive
Sisseton, South Dakota 57262-2398

Employment Application: Must complete all areas of form to be considered for employment.

APPLICANT INFORMATION				
Last Name	First	M.I.		
Street Address		Apartment/Unit#		
City	State	Zip Code		
Phone Number	E-Mail Address			
Position Applying For			Date	Desired Pay
Is your age under 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number		
Are you a citizen of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever worked here before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when?		
Have you ever been excluded from participation in any federal or state Medicare, Medicaid or any other third party program or have such pending action?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain.		
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain.		
Will you accept shift work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you accept weekend work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
EDUCATION				
	Name/Location of School	Did you Graduate?	Course of Study/Degree Rec'd	
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Trade School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>		
List other relevant education/skills				
PROFESSIONAL LICENSES, REGISTRATION, CERTIFICATION (Do not include driver's license)				
Type	State Issued	Date Issued	Expires	License Number
PROFESSIONAL REFERENCES (Do not list relatives or personal friends)				
Name		Address		Phone Number
1.				
2.				
3.				

EMPLOYMENT HISTORY (List most recent employment first)

Employer _____ Supervisor Name/Phone Number _____

Address _____

From Date _____ To Date _____ Beginning Pay _____ Ending Pay _____

Describe Duties _____

Reason for Leaving _____

Employer _____ Supervisor Name/Phone Number _____

Address _____

From Date _____ To Date _____ Beginning Pay _____ Ending Pay _____

Describe Duties _____

Reason for Leaving _____

Employer _____ Supervisor Name/Phone Number _____

Address _____

From Date _____ To Date _____ Beginning Pay _____ Ending Pay _____

Describe Duties _____

Reason for Leaving _____

Employer _____ Supervisor Name/Phone Number _____

Address _____

From Date _____ To Date _____ Beginning Pay _____ Ending Pay _____

Describe Duties _____

Reason for Leaving _____

APPLICANT'S CERTIFICATION/SIGNATURE

I certify that all matters contained in this application are true, and that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I understand that this is an application for employment and that no employment contract is being offered.

I hereby authorize CDP to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.

I agree, if employed by CDP to abide by all CDP rules and regulations. I understand that such employment is for an indefinite period of time and will be "at will" which means that either I or CDP may terminate the employment relationship at any time for any or no reason.

I understand that the company can change wages, benefits and conditions of employment at any time.

I understand that I am required to immediately notify CDP if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payor program.

I certify that I have read and understand the above. _____

APPLICANT SIGNATURE

DATE