

EDUCATION AND TRAINING

NAME(S) and ADDRESS OF SCHOOLS	INDICATE YEARS COMPLETED	GRADUATED Yes No	GED or TYPE of DEGREE	COURSE OF STUDY List Major/Minor(s)	Expected Month/Year of Completion
High School(s)	9 10 11 12				X
Undergraduate College(s) Dates attended: _____ to _____					
Graduate School(s) Dates attended: _____ to _____					
Technical, Business, Correspondence, etc. Dates attended: _____ to _____					

SPECIAL SKILLS

What machines or equipment can you operate that are related to the job for which you are applying? _____

List all software programs in which you are proficient: _____

Use this space to identify any other educational experiences you have had which are pertinent to this position. Include internships, workshops, seminars, military or vocational training, etc., which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.) _____

Did you receive credit toward your degree/diploma? Yes No

List any professional or technical associations _____

List any relevant certificates, licenses or registrations you possess or are eligible for. Include expiration dates.

How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA) _____

Have you ever been fired from a job or asked to resign from any position? Yes No

If yes, please explain: _____

Are you presently employed? Yes No If yes, whom do you suggest we contact? _____

Give three (3) professional references, not relatives or former employers.

NAME	ADDRESS	PHONE	Best Time To Contact
_____	_____	_____	_____
_____	_____	_____	_____

For Driving Positions ONLY: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

APPLICANT DATA RECORD

Equal Employment Opportunity and Affirmative Action Statistics

The Brookings Health System is an Equal Opportunity Employer. The attached information is required by state and federal regulations for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately. This information is maintained confidentially and is not available to any employing agency. Your responses are voluntary.

Name

Date

Social Security Number

Title of Position Applied for

Sex: _____ (1) Male _____ (2) Female

Age Group:

- _____ (1) Under 18
_____ (2) 18-22
_____ (3) 23-29
_____ (4) 30-39
_____ (5) 40-49
_____ (6) 50-59
_____ (7) 60 or older

Racial/Ethnic Group:

- _____ (1) WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
_____ (2) BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
_____ (3) HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
_____ (4) AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or or community recognition.
_____ (5) ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

Disability:

Do you have a physical or mental impairment which limits one or more of your major life activities (e.g. walking, hearing, speaking, seeing, breathing, learning)? _____ yes _____ no

Applicant Survey (Completion is voluntary)

How did you learn about this position?

- (1) _____ State Job Service Center (5) _____ Other website (pls specify _____)
(2) _____ Other City Department (6) _____ Newspaper (pls specify _____)
(3) _____ Present Brookings Health Employee (7) _____ Other _____
(4) _____ Brookings Health System Website

Were you treated courteously when requesting job information about Brookings Health System? _____ yes _____ no

Was the Brookings Health System job information readily available upon request? _____ yes _____ no

Was the Brookings Health System job information easily understood? _____ yes _____ no

If you answered "no" to any of the above, please explain: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer	Position Title
Address	Employed From (mo/yr) / To (mo/yr) /
City, State, Zip Code	Avg. Hrs. worked per week ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40
Telephone	No. of employees you supervised _____
Supervisor Name	Duties & Responsibilities:
Reason for Leaving:	
Name of Employer	Position Title
Address	Employed From (mo/yr) / To (mo/yr) /
City, State, Zip Code	Avg. Hrs. worked per week ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40
Telephone	No. of employees you supervised _____
Supervisor Name	Duties & Responsibilities:
Reason for Leaving:	
Name of Employer	Position Title
Address	Employed From (mo/yr) / To (mo/yr) /
City, State, Zip Code	Avg. Hrs. worked per week ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40
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Telephone	No. of employees you supervised _____
Supervisor Name	Duties & Responsibilities:
Reason for Leaving:	

APPLICANT STATEMENT
PLEASE READ AND SIGN BELOW

Please read and initial each of the following statements. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

INITIAL

_____ I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process is cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**

_____ I authorize the Brookings Health System, its officers, agents, and employees to conduct a background investigation (including criminal) prior to making a decision regarding employment. I release and hold harmless the Brookings Health System, its officers, agents, and employees, and the person providing the information from any liability related to the performance or result of this check.

_____ If employed, I understand that my employment is for no definite period of time and, if terminated, the Health System is liable only for wages to cover actual hours worked as of the date of termination.

_____ I hereby understand and acknowledge that, unless otherwise defined by applicable law, initial and ongoing employment with the Brookings Health System is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

_____ I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

_____ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-placement physical examination. I give my consent to any pre-placement health screenings, examinations, and/or any other requirements of the Brookings Health System if an offer of employment has been given. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. We advise you not to resign or change your current employment status until you are advised that you have successfully completed the health assessment.

_____ I understand I may be required to successfully pass an alcohol and drug screening examination. I hereby consent to a pre-and/or post-placement alcohol/drug screen as a condition of employment, if required.

_____ Upon employment, employees will receive compensation through direct deposit to a financial institution. Finally, I understand that this application does not constitute a contract or guarantee employment, or if employed, does not bind either party to a specific period of employment.

Authorization for Reference Requests

_____ I have applied with the Brookings Health System for employment and I desire that they be fully advised of my record with former employers and schools I have attended. I, therefore, give my permission and request that former employers and prior schools attended furnish any and all requested information and records to the Brookings Health System on their request for references in regard to the position for which I have applied. In addition, I hereby release all involved parties from any and all liability of damages for requesting or providing the reference information.

Signature _____ Date _____

The Brookings Health System considers applicants for all positions without regard to race, color, religion, sex, age, national origin, marital or veteran status, disability, creed, ancestry, political affiliation, or any other legally protected status.