Part of Fairview Health Services

**APPLICATION FOR EMPLOYMENT** 

Ebenezer is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state or local law, including race, color, creed, religion, age, national origin, sex, sexual orientation, disability, age, marital status, ancestry, or status with regard public assistance. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics.

## [PLEASE PRINT]

Position applied for		Date				
	First Name					
	nown by another name? YES NO					
	Apt#					
	Cell ( ) _					
Email	Social Security	y#				
If hired, can you furnish proof that you are eligible to work in the United States?YESNO <i>If NO, please explain:</i>						
•	onvicted of a crime? (Minor traffic viola date(s), location and circumstances:					
	l for work with an Ebenezer facility?	YESNO <i>If YES</i> ,	list date, building			
Have you ever worked	l for an Ebenezer facility?YES	NO If YES, list date, bu	ilding and position:			
Reason for leaving:	Reason for leaving:					
Are you available to work:      Full-time    Days      Evenings    Weekends   Displays						
Specify hours and days: On what date would you be available to start work:						
Education	Name & address	Course of study/Degree	Did you graduate? If not, number of years attended:			
High School						
College/Vocational						
College/Vocational						
Other						
REGISTERED/LICENSED/CERTIFIED APPLICANTS PLEASE COMPLETE:     Type of Licensure/Certification:						

EMPLOYMENT:	List employers during the LAST TEN YEARS	in sequential order	r starting with current or last job	b.
	A resume may be attached to supplement infor	mation		

1	Name of employer		Month/Year started			Describe Job Responsibilities
	Address		Month/Year ended			
	Telephone Number		Starting Wage	Endiı	ng Wage	
	Job Title	Supervisor's Nar	ne	I	Reason f	for leaving
2	Name of employer		Month/Year sta	rted		Describe Job Responsibilities
	Address		Month/Year ended			
	Telephone Number		Starting Wage	Endi	ng Wage	
	Job Title	Supervisor's Nar	ne	1	Reason f	for leaving
3	Name of employer		Month/Year sta	arted		Describe Job Responsibilities
	Address		Month/Year ended			
	Telephone Number		Starting Wage	Endiı	ng Wage	
	Job Title	Supervisor's Nar	ne	1	Reason f	for leaving

EMPLOYMENT HISTORY (continued)

DATES	Company's Name & Phone #	Address (Street, City, Sate & Zip)	Job Title
FROM: / /			
TO: / /			
FROM: / /			
TO: / /			
FROM: / /			
TO: / /			
	May we contac	t these employers?	es 🗌 No

**References**: List people (other than relatives) who are familiar with your work performance.

Name	Business	Position	Area Code/ Telephone

## Applicant please read carefully and sign.

By signing below, I promise that the information on this form is true and accurate. I understand that any false or misleading information or significant omission may disqualify me from consideration for employment, and may lead to dismissal from employment if discovered at a later date. I understand that any offer of employment is conditional upon proof of my identity and right to work in the United States, employment and criminal background checks, and any pre-employment health screening that may be required. I understand that this employment application is not to be construed as a guarantee of employment for any specific period of time. I understand that if I am hired, my employment with Ebenezer is "at-will", which means that either Ebenezer or I may terminate my employment at any time and for any or no reason.

By my signature, I acknowledge that I have read and understand the above statements.

Signature\_