Mankato Surgery
CENTER

APPLICATION FOR EMPLOYMENT

1411 Premier Drive, Mankato, MN 56001 Phone: 507-388-6000 or 1-866-565-1511
Fax: 507-388-6913/Admin@Mankatosurgeryctr.com

An Equal Opportunity Employer

DATE _____

PERSONAL INFORMATION

NAME (Last, First, MI):			
CURRENT ADDRESS:	CITY:	STATE:	ZIP CODE:
E-MAIL ADDRESS:			
PHONE NUMBER (CELL or HOME):	REFERRED BY:		

EMPLOYMENT DESIRED

POSITION APPLYING FOR:	IF HIRED, WHEN CAN YOU START:	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? ☐ Yes ☐ No	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐Yes ☐ No	
HAVE YOU APPLIED WITH US BEFORE? ☐Yes ☐ No	FOR WHAT POSITION?	WHEN?
TYPE OF EMPLOYMENT DESIRED: ☐ FULL TIME ☐ PART TIME ☐ CASUAL	ARE YOU 18 YEARS OF AGE OR OLDER ☐Yes ☐ No	

EDUCATION INFORMATION

	NAME & ADDRESS OF SCHOOL	YEARS ATTENDED	DEGREE OR MAJOR	DEGREE ATTAINED
HIGH SCHOOL				
COLLEGE				
VOCATIONAL, BUSINESS SCHOOL				
GRADUATE OR OTHER SCHOOL				

MILITARY SERVICE		
Have you ever served in the Armed Forces? ☐ Yes ☐ No	Branch of Service: **Date:** From: To:	Military Occupation: Rank:
PERSONAL DATA		
Have you ever been disciplined or terminated due to a HIPAA violation or misuse of patient information? ☐ Yes ☐ No	Have you ever worked under another name? ☐ Yes ☐ No If so, why the change?	
Are you legally eligible for employment in the United States? ☐ Yes ☐ No	If hired, can you provide proof of citizenship or verification of your legal Right to Work in the U.S.? ☐ Yes ☐ No	

WORK EXPERIENCE

(Below, list last 5 employers, starting with most recent and working back. Please complete even if attaching resume)

DATES MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION / PRIMARY JOB DUTIES	REASON FOR LEAVING
FROM TO			
FROM TO			
FROM TO			
FROM TO			
FROM TO			

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK OR SPECIAL TRAINING/SKILLS APPLICABLE TO THE POSITION APPLIED FOR AND LIST COMPUTER PROGRAMS YOU ARE PROFICIENT IN:

To Be Completed By Professional Applicants:

Current Minnesota Professional License #: _____ Expiration Date:_____
Out of State License #: _____ Expiration Date: _____

REFERENCES

(Please list below four references not related to you and at least one whom you have worked with in the past)

NAME	ADDRESS / PHONE NUMBER	BUSINESS	YEARS KNOWN
1.			
2.			
3.			
4.			

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION of APPLICATION

I authorize Mankato Surgery Center to investigate the information contained in this application or otherwise provided by me and release Mankato Surgery Center (and its employees) from any and all liabilities for seeking information and opinions on me. I authorize all employers, educational institutions, entities or persons listed in this application or identified by me to provide information about me and hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.

I certify that the information I provided to Mankato Surgery Center in this application and during the hiring process is true and complete. I understand and acknowledge that any false, misleading, or incomplete information in the application or during the hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

As set forth in Mankato Surgery Center's separate Drug and Alcohol Testing Policy, I understand that any offer of employment made to me will be conditioned upon my submitting to and passing a re-employment drug test.

I also understand that nothing contained in this employment application or in the granting of an interview, and no Mankato Surgery Center policies, procedures, or handbooks that I might receive if I am hired, are intended to create an employment contract between Mankato Surgery Center and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Mankato Surgery Center unless made in writing and signed by an authorized officer if Mankato Surgery Center. If employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice.

I hereby acknowledge that I have read and understand the foregoing. I certify that the information I provided the Mankato Surgery Center in this application and during the hiring employment process is true and complete. I indicate I agree to the statements above by my signature below.

Signature of Applicant: _____ Date: _____