



Human Resources
500 South Maple Street • Waconia, MN 55387-1791
(952) 442-6024 or 1-800-967-4620
Fax: (952) 442-6529
www.ridgeviewmedical.org

Employment Application

Ridgeview Medical Center is an Equal Opportunity Employer.

All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, gender, disability, sexual orientation, marital status, military status or status with regard to public assistance, or other protected characteristics as defined by law.

Ridgeview Medical Center is committed to promoting and providing for the health of patients, visitors, physicians, volunteers and employees.
Ridgeview Medical Center is a Tobacco-free facility.

PLEASE PRINT in INK

PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE DATE OF APPLICATION

ADDRESS STREET CITY STATE ZIP

E-MAIL ADDRESS:

OTHER NAMES USED:

TELEPHONE NUMBER: Home () Other ()

ARE YOU LESS THAN 18 YEARS OLD? NO YES If yes, please state your age

FOR POSITIONS THAT REQUIRE DRIVING AS A JOB FUNCTION ONLY: DO YOU HAVE A VALID MINNESOTA DRIVERS LICENSE? NO YES

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? NO YES (If hired, you will be required to provide documentation verifying citizenship or eligibility to work in the United States)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES Date of Conviction: If yes, explain

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY RIDGEVIEW MEDICAL CENTER OR ITS AFFILIATED CLINICS? NO YES If yes, Under what last name? Date(s) of employment Title(s)

HAVE YOU PREVIOUSLY VOLUNTEERED OR ARE YOU A CURRENT RIDGEVIEW MEDICAL CENTER VOLUNTEER? NO YES

POSITION(S) APPLIED FOR: OR

MINIMUM SALARY DESIRED:

NUMBER OF HOURS: On-Call Full-Time Part-Time (# of hours PER 2 WEEKS)

SCHEDULE AVAILABILITY:

Days & Hours Available to Work:

Table with 8 columns (Days) and 3 rows (A.M., P.M., empty).

EDUCATION

Table with 6 columns (Schools Attended, Name of School, Did You Graduate?, Degree/Diploma Certificate, Grade Point Average, Major Course of Study) and 4 rows (High School, Technical/Vocational/Business/Military Training, College or University, Graduate School).

PROFESSIONAL CERTIFICATIONS/LICENSES

PROFESSION: _____ LICENSE/REGISTRATION #: _____ EXPIRATION DATE: _____

ARE THERE ANY RESTRICTIONS ON YOUR LICENSE? NO YES Explain: _____

ARE YOU CPR CERTIFIED? NO YES Certification Date: _____ Exp. Date: _____ ACLS CERTIFIED? NO YES

NURSING ASSISTANTS: Are you on the Registry? NO YES Name _____

EMPLOYMENT RECORD

Starting with your Present or Last Employer, **PLEASE LIST ALL JOBS YOU HAVE HAD**, including experience in the military, for the past seven (7) years. It is optional to provide dates of employment for jobs held more than seven (7) years ago. Do not omit work experience just because it may be unrelated to the job for which you are applying. **IT IS REQUIRED THAT THIS SECTION BE COMPLETE EVEN IF YOU ARE PROVIDING A RESUME.**

LAST EMPLOYER: Name: _____ Address: _____ City: _____ State: _____

May We Contact? NO YES Phone: () _____ Person to contact: _____

Your Supervisor's Name/Title: _____ Reason for Leaving: _____

From (month, year): _____ To (month, year): _____ Hours per Week: _____ Job Title: _____

Description of Duties: _____

\$ Salary per (circle one): Hour Annual Start: _____ Finish: _____ Bonus: _____

LAST EMPLOYER: Name: _____ Address: _____ City: _____ State: _____

May We Contact? NO YES Phone: () _____ Person to contact: _____

Your Supervisor's Name/Title: _____ Reason for Leaving: _____

From (month, year): _____ To (month, year): _____ Hours per Week: _____ Job Title: _____

Description of Duties: _____

\$ Salary per (circle one): Hour Annual Start: _____ Finish: _____ Bonus: _____

LAST EMPLOYER: Name: _____ Address: _____ City: _____ State: _____

May We Contact? NO YES Phone: () _____ Person to contact: _____

Your Supervisor's Name/Title: _____ Reason for Leaving: _____

From (month, year): _____ To (month, year): _____ Hours per Week: _____ Job Title: _____

Description of Duties: _____

\$ Salary per (circle one): Hour Annual Start: _____ Finish: _____ Bonus: _____

Please explain any gaps of employment: _____

OVER - PLEASE READ AND SIGN THE BACK OF APPLICATION.

Notice of Drug/Alcohol Testing Policy

Ridgeview Medical Center (RMC) is committed to providing a drug and alcohol free work environment for the purpose of promoting the health, safety and security of personnel and customers.

All RMC applicants who are given a conditional offer of employment are requested to consent to a drug screening.

Applicants have the right to refuse testing, explain positive test results and/or pay for retesting (of original sample) at a licensed testing lab.

Specimen collections and management of test results are handled in a confidential manner.

Applicants who refuse to take the test, or are uncooperative in its administration, attempt to alter, conceal or compromise test results and/or have a Medical Review Officer (MRO) confirmed positive test, or if requested, a MRO confirmed positive re-test, will not be given further consideration for employment and may not re-apply for a period of 6 months.

This is only a summary of RMC's Drug/Alcohol Testing Policy. If you would like to review the full policy, one is available in Human Resources.

AUTHORIZATION

(please read the following statements carefully)

I certify that the information contained in this application is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize any of the persons or organizations referenced in this application to give Ridgeview Medical Center (RMC) any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to RMC. I authorize RMC to request and receive such information.

I understand that any offer of employment made to me by RMC is contingent upon successful completion of a health assessment, drug screening and satisfactory background studies. Some positions may also include a motor vehicle check. I have read and understand the Notice of Drug/Alcohol Testing Policy (above).

I understand that I must follow the policies of RMC and that those policies may be changed at any time at RMC's discretion, without prior notice to me.

I acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of RMC or myself. I acknowledge that I am applying for employment on an at-will basis.

I understand that nothing contained in this employment application is intended to create an employment contract between myself and RMC. Additionally, I understand that no promise or guarantee of employment is binding upon RMC unless made in writing and signed by the authorized designee of RMC.

Finally, I understand that my employment is contingent upon providing proof of eligibility to work in the United States.

Signature

Date