

NORTH SHORE HOSPITAL & CARE CENTER

**515 FIFTH AVENUE WEST
GRAND MARAIS, MN 55604-3017
PHONE (218) 387-3040**

DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY	
INTERVIEW APPOINTMENT	
DATE	_____
TIME	_____
LOCATION	_____

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the intent and policy of this hospital to provide equality of opportunity in employment to all persons. This policy prohibits discrimination for any reason, including race, color, creed, religion, national origin, gender, marital status, status with regard to public assistance, activities in a local commission dealing with discrimination issues, disability, age or sexual orientation in all aspects of its personnel policies, programs, practices and operations. This policy applies to all phases of full, part-time, temporary and seasonal employment.

All information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment by this hospital. Please furnish us with complete information as outlined in this application. You are encouraged to provide any additional information which you believe qualifies you for the position for which you are applying.

PLEASE PRINT

TITLE OR TYPE OF WORK APPLIED FOR (YOU MAY LIST MORE THAN ONE)	WILL YOU ACCEPT (CHECK ONE OR MORE)	DATE AVAILABLE
	REGULAR PART TIME TEMPORARY FULL TIME	
ARE YOU AT LEAST 18 YEARS OLD? YES NO		
ARE YOU LEGALLY EMPLOYABLE WITHIN THE UNITED STATES AT THIS TIME? YES NO		

PERSONAL INFORMATION

FIRST NAME	LAST NAME	MIDDLE INITIAL
IF YOU HAVE BEEN EMPLOYED UNDER ANOTHER NAME PLEASE PROVIDE PREVIOUS NAME. (For reference checking purposes only.)		
PRESENT PERMANENT ADDRESS	CITY	STATE ZIP
HOME TELEPHONE NO.	ADDITIONAL PHONE NUMBERS WHERE WE MAY CALL YOU TO SCHEDULE AN INTERVIEW	
DRIVERS LICENSE NO. & STATE (To be completed only if drivers license is a job requirement)		

WHAT HOURS ARE YOU AVAILABLE FOR WORK? _____ OR _____

HOW DID YOU LEARN OF THIS OPENING?

NEWSPAPER MINNESOTA JOB SERVICE SCHOOL PLACEMENT OFFICE SELF REFERRAL

OTHER, PLEASE SPECIFY _____

EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL INFORMATION (PLEASE PRINT)

CIRCLE HIGHEST HIGH SCHOOL VOCATIONAL/BUSINESS COLLEGE POST-GRADUATE
 GRADE COMPLETED: LESS THAN 9 10 11 12 GED 13 14 13 14 15 16 1 2 MA PHD

TYPE SCHOOL	NAME & MAILING ADDRESS OF SCHOOL	DATES ATTENDED:		NO. QTR. CREDITS	NO. SEM. CREDITS	DEGREE	MAJOR
		FROM	TO				
HIGH SCHOOL							

ARE YOU CURRENTLY ATTENDING OR REGISTERED FOR SCHOOL? YES NO

NAME OF SCHOOL

START DATE

LIST ANY KNOWLEDGE, ABILITY, SKILLS OR EXPERIENCE, WHICH IN YOUR OPINION QUALIFIES YOU FOR THE WORK YOU ARE INTERESTED IN. (ACCOUNTING, CLERICAL, MEDICAL TERMINOLOGY, COMPUTERS, ETC.)

PLEASE INDICATE ANY PROFESSIONAL REGISTRATION/LICENSE THAT PERTAINS TO THE POSITION/TYPE OF WORK FOR WHICH YOU ARE APPLYING:

NUMBER: _____ STATE _____ DATE _____

MILITARY SERVICE RECORD

BRANCH OR ARMED SERVICES	RANK AT TIME OF DISCHARGE	ACTIVE DUTY DATES
MILITARY DUTIES		FROM _____ MO. YR.
		TO _____ MO. YR.

EMPLOYMENT (PLEASE PRINT)

PROVIDE A COMPLETE ACCOUNT OF YOUR WORK EXPERIENCE.
 LIST YOUR CURRENT OR MOST RECENT POSITION FIRST. THIS AREA MUST BE COMPLETED IN ITS ENTIRETY.
 IF MORE SPACE IS REQUIRED, ENCLOSE AN ADDITIONAL SHEET.

CURRENT OR MOST RECENT EMPLOYING FIRM	SPECIFIC DUTIES:	FROM	_____	_____
ADDRESS		TO	_____	_____
PHONE		TOTAL	_____	_____
YOUR TITLE		HOURS/ WEEK	_____	_____
SUPERVISOR & TITLE		WAGE/ SALARY	_____	_____
REASON FOR SEEKING OTHER EMPLOYMENT/REASON FOR LEAVING _____				
EMPLOYING FIRM	SPECIFIC DUTIES:	FROM	_____	_____
ADDRESS		TO	_____	_____
PHONE		TOTAL	_____	_____
YOUR TITLE		HOURS/ WEEK	_____	_____
SUPERVISOR & TITLE		FINAL WAGE/ SALARY	_____	_____
REASON FOR LEAVING _____				
EMPLOYING FIRM	SPECIFIC DUTIES:	FROM	_____	_____
ADDRESS		TO	_____	_____
PHONE		TOTAL	_____	_____
YOUR TITLE		HOURS/ WEEK	_____	_____
SUPERVISOR & TITLE		FINAL WAGE/ SALARY	_____	_____
REASON FOR LEAVING _____				
EMPLOYING FIRM	SPECIFIC DUTIES:	FROM	_____	_____
ADDRESS		TO	_____	_____
PHONE		TOTAL	_____	_____
YOUR TITLE		HOURS/ WEEK	_____	_____
SUPERVISOR & TITLE		FINAL WAGE/ SALARY	_____	_____
REASON FOR LEAVING _____				

VOLUNTEER EXPERIENCE

ORGANIZATION	SPECIFIC DUTIES:	FROM	_____	_____
ADDRESS		TO	_____	_____
YOUR TITLE		HRS/WK	_____	_____
ORGANIZATION	SPECIFIC DUTIES:	FROM	_____	_____
ADDRESS		TO	_____	_____
YOUR TITLE		HRS/WK	_____	_____

