



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

Please fill out this application and e-mail to;
_CCNH-HumanResources@northshorehealthgm.org

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
	<input type="checkbox"/> REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU LEGALLY EMPLOYABLE WITHIN THE UNITED STATES AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> 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)		

EMAIL ADDRESS

WHAT HOURS ARE YOU AVAILABLE FOR WORK? _____ OR _____

HOW DID YOU LEARN OF THIS OPENING?
<input type="checkbox"/> NEWSPAPER <input type="checkbox"/> MINNESOTA JOB SERVICE <input type="checkbox"/> SCHOOL PLACEMENT OFFICE <input type="checkbox"/> SELF REFERRAL <input type="checkbox"/> OTHER, PLEASE SPECIFY _____

EDUCATIONAL INFORMATION (PLEASE PRINT)

RECORD HIGHEST
GRADE COMPLETED:

HIGH SCHOOL

VOCATIONAL/BUSINESS

COLLEGE

POST-GRADUATE

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

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	_____	_____

**PRINT A SHORT PARAGRAPH DESCRIBING WHY YOU ARE INTERESTED IN EMPLOYMENT WITH
NORTH SHORE HEALTH**

REFERENCES

(1) NAME	BUSINESS	YRS. ACQUAINTED
ADDRESS	CITY STATE ZIP	PHONE NO.
(2) NAME	BUSINESS	YRS. ACQUAINTED
ADDRESS	CITY STATE ZIP	PHONE NO.
(3) NAME	BUSINESS	YRS. ACQUAINTED
ADDRESS	CITY STATE ZIP	PHONE NO.

APPLICANT: PLEASE READ AND SIGN

Having made application for employment with North Shore Hospital & Care Center and desiring them to be informed as to my previous record and qualifications, I hereby authorize North Shore Hospital & Care Center to investigate my past record. Permission is granted to ascertain any and all information which may concern my suitability for employment. I release my present and past employers, references, and all others from any damage resulting from the furnishing of said information. I understand that, if hired, the employment relationship is contingent upon the mutual benefit of both parties and can be terminated by either party upon furnishing proper notification of the other party. I further understand that the misrepresentation or omission of information requested on this application can result in my disqualification or dismissal.

I hereby certify that I have read and understand the above statement and that the information provided herein is complete and factual.

APPLICANT'S SIGNATURE _____ DATE _____

**Please save and email this application to;
_CCNH-HumanResources@northshorehealthgm.org**

DATE	HUMAN RESOURCES DEPARTMENT USE ONLY	INITIALS



515 W 5TH AVE
GRAND MARAIS, MN 55604-3017
(218) 387-3040

Applicant Flow Survey Form

Last name	First name	Middle Initial(s)
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Date	Position(s) for which you are applying
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Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and for no other purpose.* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race/Ethnicity

- Caucasian (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic origin
- Asian or Pacific Islander
- Native American or Alaskan Native (not of Hispanic origin)

Gender

- Female
- Male

Referral Source:

- Community Organization
- Government Job Service
- Company Website
- Walk-in
- Union
- Employee Referral
- Other

Disability

- Are you a person with a disability?
- Yes
 - No

***This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, or if you need accommodation during the application or interview process, please notify us in some other manner.

an Equal Opportunity, Affirmative Action Employer





North Shore
HEALTH
COOK COUNTY | MINNESOTA

515 W 5TH AVE
GRAND MARAIS, MN 55604-3017
(218) 387-3040

Public Data as an Applicant and Employee – MN Data Practices Act

Your responsibility as an applicant:

1. Keep us informed of current mailing address.
2. Keep us informed of your willingness to work different shifts or in other departments.
3. Please print or write clearly so we can read your application. It may affect your chances of getting a job. Feel free to attach a resume or additional information.

Public data as an applicant to North Shore Health:

The Minnesota Government Data Practices Act ([Minnesota Statute §13.43](#)) applies to you as an applicant for employment at North Shore Health (NSH)

Under that law, the following data on you as an applicant is public. (*Public information is available to anyone who asks to see it.*)

1. Veteran status;
2. Relevant test scores;
3. Your rank on our eligible list (if any);
4. Your job history;
5. Your education and training; and
6. Your work availability.

Except for race, sex, age and disability data, the data you give us about yourself is needed to identify you and to assist in determining your suitability for the position(s) for which you are applying. Race, sex, age and disability data are used in summary form by the Hospital's Affirmative Action Committee to monitor protected class employment and to meet federal, state and local reporting requirements. Furnishing such race, sex, age and availability data about yourself, as well as your Social Security number is voluntary.

Your name is considered private until you are certified eligible for appointment to a vacancy or considered as a finalist. (*Private information is available only to the person it is about or to anyone they authorize to see it, and to the staff who must use it in the normal course of conducting hospital business.*)

Public data as an employee of NSH:

If you are hired, the following additional information about you will be public:

1. Your name;
2. Your actual gross salary and salary range;
3. Your actual gross pension;
4. The value and nature of your employer-paid fringe benefits;
5. The basis for and the amount of any added remuneration;
6. Your job title;
7. Your job description;
8. The dates of your first and last employment with us;
9. The existence and status of any complaints or charges against you while you work for NSH, whether or not they result in disciplinary action;
10. The final disposition of any disciplinary action taken against you as an employee of NSH, and all the supporting documentation about your case; the final disposition of any disciplinary action together with the specific reasons for the action and data documenting the basis of the action, excluding data that would identify confidential sources who are employees of the public body;
11. The terms of any agreement settling any dispute arising out of the employment relationship between you and NSH;
12. Badge number;
13. Work location and telephone number;
14. Previous work experience;
15. Education and training background;
16. Honors and awards received; and
17. Payroll time sheets or other comparable data that are used only to account for your work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee's reasons for the use of sick or other medical leave or other data that is not public.
18. Your photograph may be shown to a witness as part of an investigation of a charge or complaint against you.

You are not legally required to supply any of the other data we ask for on your application. However, if you choose to withhold it, we cannot consider you for employment. If you do provide the data, your application will be considered, and if you are employed, the information you have given us as an applicant will become part of your personnel record. Anything not listed above as public which is placed in your personnel record is made by statute private information, and will not be shared with anyone but those members of our staff and appointing authorities, legal counsel, and other designees who need it, or as otherwise provided by law. [Minnesota Statute §256.998](#) requires us to report your name, address, social security number and date of birth to the MN Dept. of Human Services within fifteen days of your hire date. No private data of yours will be shared with any outside person or agency without your informed written consent, unless a judge orders it disclosed, or it is otherwise required by law.

Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY

This is to affirm Cook County Hospital District d/b/a North Shore Health's (NSH) policy of providing Equal Opportunity to all employees and applicants for employment in accordance applicable laws, directives and regulations of federal, state and local governing bodies or agencies thereof.

Our organization will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, familial status, membership or activity in a local human rights organization or status with regard to public assistance. We will take affirmative steps to ensure that all of our company's employment practices are free of discrimination. Such employment practices include, but are not limited to, the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. We will provide reasonable accommodation to applicants and employees with disabilities whenever possible.

NSH will evaluate the performance of its management and supervisory personnel on the basis of their involvement in achieving these Affirmative Action objectives as well as other established criteria. In addition, all employees are expected to perform their job responsibilities in a manner that supports equal employment opportunities.

NSH has appointed Shelly Starkey to manage the Equal Employment Opportunity Program. This person's responsibilities include monitoring all EEO activities and reporting the effectiveness of this Affirmative Action Program, as required law. I will receive and review reports on the progress of the program. Any employee or applicant may inspect the Affirmative Action Program during normal business hours. Please contact the EEO manager listed above for further information.

If any employee or applicant for employment believes he or she has been treated in a way that violated this policy, they should contact either Ms. Starkey by mail at 515 5th Avenue West, Grand Marais, MN 55604 or call (218) 387-3288 or any other management representative, including me. The company will take immediate action to investigate and address allegations of discrimination or harassment confidentially and promptly.



Kimber L. Wraalstad, FACHE
Administrator

6/13/2019

Date