



Spectrum Health Companies

2000 Siegel Boulevard
 Eveleth, MN 55734
 (218) 741-3013

Application for Employment

Personal Information: Please Print in black or dark blue ink

Name: _____ Date of Application: _____

Address: _____ Phone: _____ E-mail _____

City: _____ State: _____ Zip: _____

Shifts Available: Days Evenings Nights Weekends Full Time or Part Time: _____

Date Available to Start: _____ Salary Desired: _____ Area Desired: _____

Position Applying for: _____ Currently employed? _____ If so, may we inquire of your employer? _____

How did you learn about this position? _____

Have you, or any member of your family, ever been employed by Spectrum? If so, who, when & where? _____

Is any member of your family currently employed by Spectrum? If so, who & where? _____

Have you ever been convicted of a crime more serious than a minor traffic violation? If yes explain _____

Education Information:

School Name and Location Major Course Degree Received

High School			
College Professional Trade			
Other Including Military			

Honors/Activities: _____

Professional Registration
if Applicable: _____

Other States Currently or
Formerly Registered: _____

References (other than relatives):

Name Address Phone (incl area code) Relationship to you

Present/Former Employers:

Most Recent Employer

Company Name			Phone ()
Address			Employed (list month & year) From To
Name of Supervisor	Telephone #	Fax #	Salary Start Last
Job Title			Reason for Leaving
Duties/Responsibilities			

Second Most Recent Employer

Company Name			Phone ()
Address			Employed (list month & year) From To
Name of Supervisor	Telephone #	Fax #	Salary Start Last
Job Title			Reason for Leaving
Duties/Responsibilities			

Third Most Recent Employer

Company Name			Phone ()
Address			Employed (list month & year) From To
Name of Supervisor	Telephone #	Fax #	Salary Start Last
Job Title			Reason for Leaving
Duties/Responsibilities			

We may contact the employers listed above unless you indicate those you do not want us to contact. Do not contact: _____
Reason: _____

I hereby authorize investigation of all statements contained in this application, and ***agree that any misrepresentation made may result in termination of employment offered based on this application.*** If so terminated, I understand it may be immediate and without obligation or liability. By my signature below, I release Spectrum Community Health, Inc. from any liability that may occur and give complete, informed consent for their inquiries into any former employers, educational institutions and/or references. If no contact has been received by either parties, this application will expire in 90 days from the date below. I hereby acknowledge that I have read and understand the above:

Signature: _____ Date: _____