

SPECTRUM HEALTH COMPANIES

6205 Crossman Lane
 Inver Grove Heights, MN 55076
 (651) 451-0569

Office Use Only

DU FB GR WM MPLS EV
 RO BR BV MTKA ST.C WP
 MedsC Date Received: _____

Application for Employment**Personal Information:** Please Print in black or dark blue ink

Name: _____ Date of Application: _____

Address: _____ Phone: _____

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? _____

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: _____