EBENEZER
Part of Fairview Health Services

APPLICATION FOR EMPLOYMENT

Ebenezer is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state or local law, including race, color, creed, religion, age, national origin, sex, sexual orientation, disability, age, marital status, ancestry, or status with regard public assistance. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics.

[PLEASE PRINT]

Position applied for _____Date_____

Last Name_____First Name_____Middle Name_____

Have you ever been known by another name? ___YES ___NO If yes, what?_____

Address_____Apt#_____City_____State_____Zip_____

Telephone ( ) _____Cell ( ) _____

Email_____Social Security#_____

If hired, can you furnish proof that you are eligible to work in the United States? _____YES _____NO
If NO, please explain:_____

Have you ever been convicted of a crime? (Minor traffic violations need not be listed) ___YES ____ NO
*If YES, please explain date(s), location and circumstances:*_____

_____

Have you ever applied for work with an Ebenezer facility? _____YES _____NO *If YES, list date, building and position*: _____

Have you ever worked for an Ebenezer facility? ____YES ____NO *If YES, list date, building and position*:

_____

Reason for leaving:_____

Are you available to work: ☐ Full-time ☐ Part-time ☐ Weekends ☐ On-Call
☐ Days ☐ Evenings ☐ Nights

Specify hours and days: _____
On what date would you be available to start work:_____

Education	**Name & address**	**Course of study/Degree**	**Did you graduate? If not, number of years attended:**
High School			
College/Vocational			
College/Vocational			
Other			

REGISTERED/LICENSED/CERTIFIED APPLICANTS PLEASE COMPLETE:

Type of Licensure/Certification:_____

Number:_____State Issued:_____Expiration Date:_____

EMPLOYMENT: ***List employers during the LAST TEN YEARS in sequential order starting with current or last job.***
A resume may be attached to supplement information.

1	Name of employer	Month/Year started		Describe Job Responsibilities
	Address	Month/Year ended		
	Telephone Number	Starting Wage	Ending Wage	
	Job Title	Supervisor's Name	Reason for leaving	
2	Name of employer	Month/Year started		Describe Job Responsibilities
	Address	Month/Year ended		
	Telephone Number	Starting Wage	Ending Wage	
	Job Title	Supervisor's Name	Reason for leaving	
3	Name of employer	Month/Year started		Describe Job Responsibilities
	Address	Month/Year ended		
	Telephone Number	Starting Wage	Ending Wage	
	Job Title	Supervisor's Name	Reason for leaving	

EMPLOYMENT HISTORY (continued)

DATES	Company's Name & Phone #	Address (Street, City, Sate & Zip)	Job Title
FROM: / / TO: / /			
FROM: / / TO: / /			
FROM: / / TO: / /			

May we contact these employers? ☐ Yes ☐ No

References: List people (other than relatives) who are familiar with your work performance.

Name	Business	Position	Area Code/ Telephone

Applicant please read carefully and sign.

By signing below, I promise that the information on this form is true and accurate. I understand that any false or misleading information or significant omission may disqualify me from consideration for employment, and may lead to dismissal from employment if discovered at a later date. I understand that any offer of employment is conditional upon proof of my identity and right to work in the United States, employment and criminal background checks, and any pre-employment health screening that may be required. I understand that this employment application is not to be construed as a guarantee of employment for any specific period of time. I understand that if I am hired, my employment with Ebenezer is "at-will" , which means that either Ebenezer or I may terminate my employment at any time and for any or no reason.

By my signature, I acknowledge that I have read and understand the above statements.

Signature_____Date_____