

Educational Record

Name and Complete Address of School			Circle Last Grade Completed				Did you Graduate?	Date of Leaving or Graduation				
Last Elementary School			1	2	3	4	5	6	7	8		
Last High School			9 10 11 12									
College or University	Major Subjects	Dates in Attendance	Did you Graduate?		Degree or Number of Credits Earned		Date of Leaving or Graduation					
If you have pursued other courses of study, state fully what courses: i.e., workshops, seminars, correspondence, etc.		Name and Complete Address of Schools				Dates in Attendance	Degree or Number of Credits Earned					

THIS BLOCK TO BE COMPLETED BY RN, LPN, AND TECHNICAL APPLICANTS ONLY

	Name of School	Location	Dates in Attendance	Degree or Number of Credits Earned
School of Nursing or Technology				
Post Graduate Courses				
Plans for Further Education				
In what States are you Licensed to Practice?			Current MN. No.	
Do you have a Professional Biography? <input type="checkbox"/> Yes <input type="checkbox"/> No Original MN. Registration Number and Date:				
Current Memberships in Professional Organizations (Exclude groups which indicate race, color, religion, sex, or national origin)				

Military Service (Voluntary Information)

Branch of Service:	Type of Discharge:	Rank:
Applicable Military Training or Education:		

Employment Record

Instructions: Begin with your *most recent* employment, include all periods of time whether employed, unemployed, student, military service, etc.
PLEASE PRINT

Dates of Employment				Name of Past Employers and Addresses	Job Title, Duties and Name of Supervisor	Salary or Wage	Reason for Leaving
From		To					
Mo	Yr	Mo	Yr				
						Start	
						End	
						Start	
						End	
						Start	
						End	
						Start	
						End	
						Start	
						End	

Personal References

Name and Complete Address	Business or Affiliation	Telephone No.	Years Known
1.			
2.			
3.			

Employee Certification

Any offer of employment will be conditioned upon the successful completion of a health examination which will determine the applicant's ability to perform the functions of the job with or without reasonable accommodation. If a job offer is made by this facility, it will be conditioned upon the completion of that examination.

I agree to submit to a physical examination as required by MeritCare Thief River Falls, and I understand that if I am offered a position, it will be subject to and conditioned upon, my successful completion of a health examination. If such examination shows that I do not meet the required medical standards, I understand that I will not be allowed to continue my employment at MeritCare Thief River Falls.

I certify that to the best of my knowledge and belief the answers given by me to the foregoing questions are correct and the statements made by me in this application are correct without consequential omissions of any kind whatsoever, including those pertaining to my employment and educational record. I understand that any false information contained in this application may cause rejection for consideration for employment or discharge.

I also authorize all of my former employers, school officials and persons named herein as references to give to MeritCare Thief River Falls any information that they may have regarding my employment record, together with any information they may have regarding me whether or not such information is on their records. I hereby release said companies and individuals from any liability for any damage whatsoever resulting from the giving of such information.

I understand that if accepted for employment, I will have the right to terminate after proper notice to the employer and I understand that the employer has the right to terminate my employment at any time subject to the terms and conditions of the applicable union contract, if any.

Date: _____

Signature of applicant: _____