

APPLICATION FOR EMPLOYMENT

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www.mwhp.com



MIDWEST
HEALTH PARTNERS, P.C.
1410 N 13th St PO BOX 209
NORFOLK, NE 68702-0209

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for		Date of application	
In which department?		How did you learn about us? Advertisement Friend Facebook Employment agency Relative Website	
Last Name	First Name	Middle Name	Previous Name
Street Address		City	State Zip Code
Telephone Number(s) Home: Cell:		Social Security Number (voluntary) _____ - _____ - _____	
Best time to contact you is:		Time: _____:_____ AM/ PM	
If you are under 18 years of age, can you provide required proof of your eligibility to work?		Yes No	
Have you ever filed and application with us before? If yes, give date _____		Yes No	
Have you ever been employed with us before? If yes, give date _____		Yes No	
Do any of your friends or relatives, other than spouse, work here? If yes, state name, relationship and location _____		Yes No	
Are you currently employed?		Yes No	
May we contact your current employer?		Yes No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>		Yes No	
Date available for work ____/____/____		What is your desired wage per hour? __\$_____	
Availability for work:		Full time (Please circle all that apply: Mornings Afternoons Evenings Weekends) Part time (Please circle all that apply: Mornings Afternoons Evenings Weekends) Temporary (Please indicate dates available ____/____/____ - ____/____/____)	
Are you currently on "lay-off" status and subject to recall?		Yes No	
Can you travel if a job requires it?		Yes No	
Since reaching age 18, have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment; these are reviewed as related to the relevancy of the job for which you have applied.) If yes, please explain _____ _____ _____		Yes No	

EDUCATION

School	Name and City/State of School	Course of Study	No. of Years completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name	Dates Employed		Job Duties
Address	From	To	
City/State			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? Yes No If yes, provide phone number:
Employer Name	Dates Employed		Job Duties
Address	From	To	
City/State			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? Yes No If yes, provide phone number:
Employer Name	Dates Employed		Job Duties
Address	From	To	
City/State			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? Yes No If yes, provide phone number:
Employer Name	Dates Employed		Job Duties
Address	From	To	
City/State			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? Yes No If yes, provide phone number:

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any Applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date